



# Orthopaedic Rehabilitation & Sports Medicine Centers

## PHYSICIAN REFERRAL

Patient's Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Precautions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Evaluate and Treat
- Home Program
- Work/Functional Conditioning
- Therapeutic Exercise
- Modalities
- Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Frequency: \_\_\_\_ x week \_\_\_\_ weeks or \_\_\_\_ visits total

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Clinics

#### **Woodland Hills**

19730 Ventura Blvd  
#104  
Woodland Hills, CA  
91364  
(818) 710-0161

#### **Van Nuys**

7232 Van Nuys Blvd  
#203  
Van Nuys, CA 91405  
(818) 786-9012