



PTSIR

Physical Therapy and Sports Injury Rehabilitation

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

PTSIR Blue Island
13114 Western Ave,
Suite 3
Blue Island, IL 60406
(708) 824-0515

PTSIR Hazel Crest
1816 West 170th St
Hazel Crest, IL 60429
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PTSIR Lansing
2 River Place, Suite B
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PTSIR Tinley Park
17236 S. Harlem Ave
Tinley Park, IL 60477
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PTSIR Orland Park
9763 W 143rd St, Suite
C
Orland Park, IL 60462
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