

Physical Therapy Specialists and Balance Center

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

Physical Therapy Specialists 22 Hayes Street Toccoa, GA 30577 (706) 886-3883