

**SHREVEPORT**  
**(318) 631-7999**



**BOSSIER**  
**(318) 746-5295**

## 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

**Tri-State Shreveport  
Clinic**

8660 Fern Ave #160  
Shreveport, LA 71105  
(318) 631-7999

**Tri-State Bossier  
Clinic**

2906 Plantation Dr  
Bossier City, LA 71111  
(318) 746-5295