

PHYSICIAN REFERRAL

Clinics

**Center for Physical
Rehabilitation, Inc**
3537 North Crossing Cir
Valdosta, GA 31602
(229) 333-0095

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: _____