EXCEL PHYSICAL THERAPY, INC.
THE REHAB PROFESSIONALS

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

Lisbon
7735 State Route 45,
Suite E
Lisbon, OH 44432
(330) 424-9033

Minerva
912 E Lincoln Way
Minerva, OH 44657
(330) 868-4362

Alliance
1652 South Union Ave
Alliance, OH 44601
(330) 680-9190

Stow
883 Hampshire Road,
Suite I
Stow, OH 44224
(330) 241-4241