

## ARKANSAS VALLEY PHYSICAL THERAPY

**HEALING BODIES IN MOTION** 

## PHYSICIAN REFERRAL

Patient's Name:  Diagnosis:  Precautions:			
		Com	Evaluate and Treat  Home Program  Work/Functional Conditioning  Therapeutic Exercise  Modalities  Other  ments:
		Ī	uency: x week weeks or visits total ature:
Date			

## **Clinics**

## Salida

245 East US-50 Suite 9 Salida, CO 81201 (719) 539-3626