

## PHYSICIAN REFERRAL

Patient's Name:	
Com	Evaluate and Treat  Home Program  Work/Functional Conditioning Therapeutic Exercise  Modalities  Other  ments:
Frequency: x week weeks or visits total	
Sign	ature:
Date	) <u>;                                    </u>

## **Clinics**

**Portage** 1908 W Milham Ave Portage, MI 49024 (269) 459-6212

The Team at Rehab Specialists

http://rehabspecialistsmi.com