LAKE OCONEE REHABILITATION® PHYSICAL THERAPY

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

Eatonton
117 Harmony Crossing
#4
Eatonton, GA 31024
(706) 454-1811

New Eatonton Clinic - NOT YET OPEN - LEAVE THIS IN DASHBOARD
123 Harmony Crossing
Suite 5
Eatonton, GA 31024
(706) 454-1811