ProRehab 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

Castle Dale
150 E Main St
Castle Dale, UT 84513
435-381-5100

Price
590 E 100 North
Price, UT 84501
435-613-1500

East Carbon
200 East Park Place St
East Carbon, UT 84520
435-888-1500

Green River
355 E 175 S
Green River, UT 84525
435-613-1500