



PHYSICIAN REFERRAL

Clinics

Greensboro

1001 Village Park Dr
Suite 105
Greensboro, GA 30642
(706) 454-2000

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: _____