



709 S. Harbor City Boulevard, Suite 250
Melbourne, Florida 32901

Located on US-1 Between
Eau Gallie and Melbourne Causeways

Main: 321-725-2225

PT Direct: 321-802-5810

PT Fax: 321-802-5811

Make First Choice Your *Only* Choice for Physical & Occupational Therapy

REFERRAL

Patient Name:	Contact Phone:
Date of Birth:	Physician:
Diagnosis:	Date of Onset or Surgery, if Applicable:

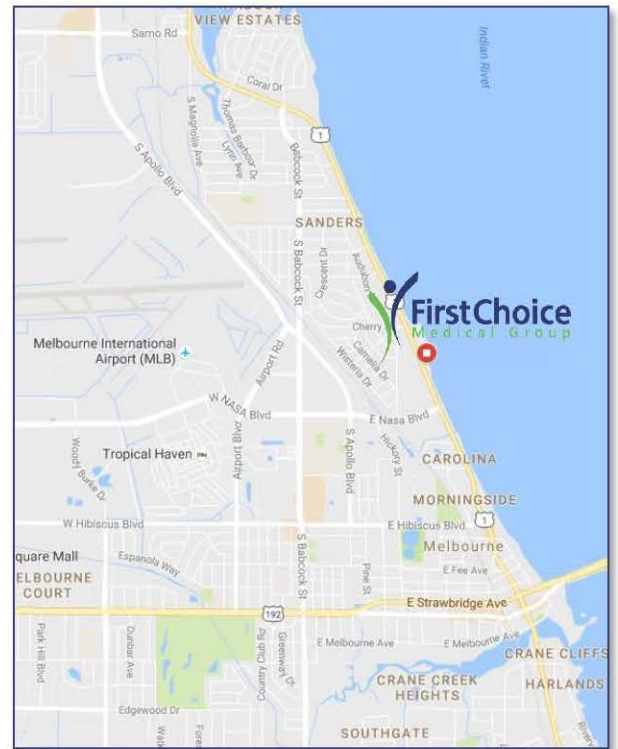
Special Instructions or Comments: _____

EVALUATE & TREAT

- | | |
|--|--|
| <input type="radio"/> Anodyne
<input type="radio"/> Electrical Stimulation
<input type="radio"/> Ultrasound
<input type="radio"/> Traction
<input type="radio"/> Soft Tissue Mobilization - Massage
<input type="radio"/> Manual Therapy
<input type="radio"/> Iontophoresis Phonophoresis*
<input type="radio"/> Therapeutic Exercise
<input type="radio"/> Strength
<input type="radio"/> Other _____ | <input type="radio"/> Passive
<input type="radio"/> Active
<input type="radio"/> ROM Flexibility
<input type="radio"/> Gait Training
<input type="radio"/> NWB
<input type="radio"/> PWB
<input type="radio"/> Safety Fall Protection
<input type="radio"/> Vestibular Vertigo (BPPV)
<input type="radio"/> Occupational Therapy |
|--|--|

* Please provide Rx for desired medication

FREQUENCY _____ **X WEEK**
FOR _____ **WEEKS**



My signature authorizes this treatment to be medically necessary.

Physician's Signature: _____ Date of Referral: _____

UPIN #: _____ LICENSE #: _____