



Melbourne:
709 South Harbor City Blvd. Ste. 200
Melbourne, FL 32901
(321) 802-5810

Suntree:
6300 North Wickham Rd. Ste. 116
Melbourne, FL 32940
(321) 802-5813

Indian Harbour Beach:
2030 South Patrick Dr. Ste. 3
Indian Harbour Beach, FL 32937
(321) 802-5806

Barefoot Bay:
8000 Ron Beatty Blvd
Micco, FL 32976
(321) 802-5814

Palm Bay:
4311 Norfolk Pkwy Ste. 114
West Melbourne, FL 32904
(321) 802-5816

Viera:
5445 Murrell Rd. Ste. 105
Viera, FL 32955
(321) 802-5807

Fax Order: 321-802-5811

REFERRAL

Central Scheduling 321-802-5814

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

Special Instructions or Comments:

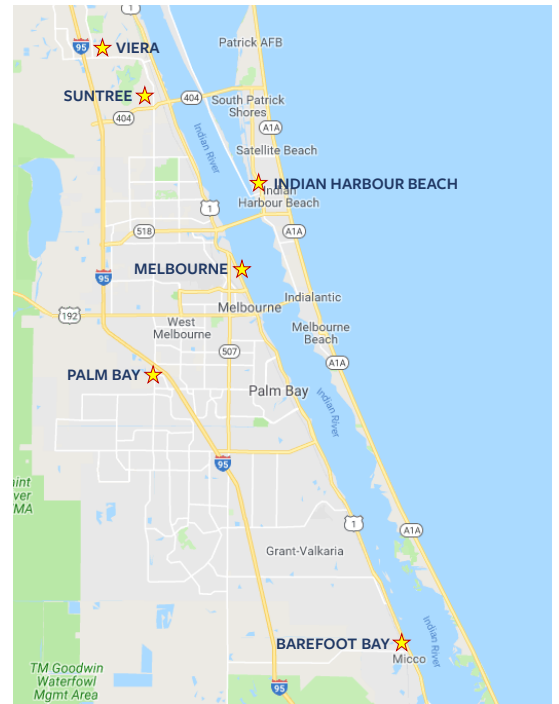
EVALUATE & TREAT

- Graston Technique
- Electrical Stimulation
- Ultrasound
- Traction
- Manual Therapy
- Iontophoresis*
- Phonophoresis*
- Therapeutic Exercise
- Strength
- Other _____
- Passive
- ActiveROM | Flexibility
- Gait Training
- NWB
- PWB
- Safety | Fall Protection
- Vestibular | Vertigo (BPPV)
- Balance
- Splint

* Please provide Rx for desired medication

FREQUENCY _____ X WEEK

PT **OT** FOR _____ **WEEKS**



My signature authorizes this treatment to be medically necessary.

Physician's Signature: _____

Date of Referral: _____

UPIN #: _____

License #: _____