



ALIGN WELLNESS LAB
PHYSICIAN REFERRAL PAD
2011 Enterprise Dr.
FOREST, VA 24551

REFERRING PROVIDER INFORMATION

Provider Name: _____ Practice Name: _____
NPI: _____ Phone: _____
Fax: _____ Email: _____

PATIENT INFORMATION

Patient Name: _____
DOB: _____ Phone: _____

**CLINICAL GOALS /
INDICATIONS**

- ☐ Post-surgical recovery
- ☐ Soft tissue injury
- ☐ Chronic pain / inflammation
- ☐ Neurological recovery
- ☐ Sports performance / recovery
- ☐ Wound healing support
- ☐ Myofascial restriction / muscle tension
- ☐ Metabolic health / nutritional optimization
- ☐ Recovery optimization
- ☐ Other: _____

**REFERRAL SERVICES
(CHECK ALL THAT APPLY)**

- ☐ Hyperbaric Oxygen Therapy (HBOT)
- ☐ Red Light Therapy
- ☐ NormaTec Compression
- ☐ Massage Therapy
- ☐ Nutrition Analysis / Counseling
- ☐ Supplementation

CLINICAL NOTES / SPECIAL INSTRUCTIONS

FREQUENCY / DURATION

- ☐ Evaluate and treat ☐ _____ sessions per week for _____ weeks
- ☐ Other: _____

SIGNATURE

Provider Signature: _____ Date: _____