



ALIGN WELLNESS LAB | PHYSICIAN REFERRAL PAD
1039 GABLES DR. UNIT 103, 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: _____



QUICK ACCESS / SCHEDULING

Scan to Schedule Initial Visit

Office: 434-290-2424 | Fax: 434-290-4108
alignwellnesslab.com