

PHYSICAL THERAPY REFERRAL

MOBILE OUTPATIENT
PHYSICAL THERAPY



PHYSICAL
THERAPY

365

PERSONAL INFORMATION

PATIENT NAME

TELEPHONE

DIAGNOSIS

PT EVALUATION AND TREAT ☐

KNEE

☐

VESTIBULAR

☐

LUMBAR SPINE

☐

NEURO REHAB

☐

CERVICAL SPINE

☐

GAIT TRAINING

☐

THORACIC SPINE

☐

POST-SURGICAL

☐

SHOULDER

☐

ERGONOMIC ASSESSMENT

☐

FOOT/ANKLE

☐

JOINT REPLACEMENT

☐

MODALITIES

☐

SPORTS REHABILITATION

☐

BALANCE/FALLS

☐

THERAPIST DISCRETION

☐

ADDITIONAL COMMENTS/ INSTRUCTIONS/ PRECAUTIONS

OPEN 7 DAYS A WEEK
SERVING DFW METROPLEX

WE ARE A MOBILE
OUTPATIENT PT
PROVIDER.

WE GO TO THE PATIENTS
HOME OR OFFICE.

ALL EQUIPMENT FOUND
IN A TYPICAL OUTPATIENT
SETTING WILL BE PROVIDED

CURRENTLY ACCEPTING

- MEDICARE
- ANTHEM
- BLUE CROSS BLUE SHIELD
- MOLINA
- UNITED HEALTH CARE
- AETNA
- CARE N CARE
- & MORE

PLEASE CONTACT US
TO VERIFY BENEFITS

RECOMMENDED FREQUENCY

I HEREBY CERTIFY THAT THE ABOVE SERVICES HAVE BEEN DEEMED MEDICALLY NECESSARY.

PHYSICIAN SIGNATURE

DATE

PLEASE SIGN AND FAX THIS PRESCRIPTION TO THE FAX NUMBER BELOW. DO NOT EMAIL PRESCRIPTION. IT MAY BE HAND DELIVERED.

PHONE 945-209-1854

FAX 972-280-7936

SCAN QR CODE FOR MORE INFO

