



PHYSICIAN REFERRAL

Patient's Name: _____

Diagnosis: _____

Precautions: _____

- Evaluate and Treat
- Home Program
- Work/Functional Conditioning
- Therapeutic Exercise
- Modalities
- Other _____

Comments: _____

Frequency: _____ x week _____ weeks or _____ visits total

Signature: _____

Date: _____

Clinics

Fitness One
1414 Hwy 71 N
Alma, AR 72921
(479) 632-0797

Wellness Physical Therapy - Charleston
418 E. Main
Charleston, AR 72933
(479) 965-0357

F & S Physical Therapy
1414 Hwy 71 N
Alma, AR 72921
(479) 632-0321

Wellness Physical Therapy - Mount Ida
732 Hwy 270 E
Mount Ida, AR 71957
(870) 867-2121

Wellness Physical Therapy - Mena
1100 Hwy 71 N Ste A
Mena, AR 71953
(479) 394-9001

Wellness Physical Therapy - Waldron
56 W 2nd St
Waldron, AR 72958
(479) 637-0744