

PHYSICIAN REFERRAL

Clinics

**Center for Physical
Rehabilitation, Inc**
3537 North Crossing Cir
Valdosta, GA 31602
(229) 333-0095

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: _____