PHYSICAL THERAPY
T•O•D•A•Y

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

19th Street
4138 19th St
Lubbock, TX 79407
(806) 780-2329

82nd Street
6202 82nd St
Lubbock, TX 79424
(806) 687-8008

South Loop
2431 S Loop 289
Lubbock, TX 79423
(806) 771-8008

Littlefield
1506 S Sunset Ave
Littlefield, TX 79339
(806) 385-3746

Rockwall
3007 Ridge Road
Rockwall, TX 75032
(469) 887-1021

Garland
2241 Peggy Lane #C
Garland, TX 75042
(972) 272-9643

Amarillo
6017 Hillside Rd Suite 1100
Amarillo, TX 79109
(806) 680-5888

South Indiana
12706 Indiana Ave
Suite 300
Lubbock, TX 79423
(806) 993-5041