



MEIER & MARSH

PROFESSIONAL THERAPIES

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

West Valley City
4785 West 4100 South
West Valley City, UT
84120
(801) 955-0500

**Tooele - Northpointe
Office**
2356 North 400 East
#101
Tooele, UT 84074
(435) 843-1311

**Tooele - Main Street
Office**
1197 North Main
Tooele, UT 84074
(435) 882-3157

Grantsville
168 E Main Street
Grantsville, UT 84029
(385) 249-8101