



BOLANOS | ASSOCIATES
COMPREHENSIVE THERAPY SOLUTIONS

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

Kendall
13335 SW 124th Street
Suite 202
Miami, FL 33186
(786) 259-0300

Pembroke Pines
111 Grand Palms Dr
Ft. Lauderdale, FL
33027
(786) 259-0300

Central Miami
1150 NW 72nd Avenue
Suite 720
Miami, FL 33126
(786) 259-0300

Plantation
7340 NW 5th St
Plantation, FL 33317
(786) 259-0300