



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