LARSON REHABILITATION
PHYSICAL THERAPY & EMG TESTING

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

Flagstaff Clinic
1600 W University Ave
#106
Flagstaff, AZ 86001
(928) 526-3031

Payson Clinic
405 W Main St D
Payson, AZ 85541

AZ Mountain Orthopedics / Lakeside Clinic
4830 AZ-260 #103
Lakeside, AZ 85929