



PHYSICIAN REFERRAL

Clinics

Oakhurst
39930 Sierra Way,
Suite A
Oakhurst, CA 93644
(559) 683-0974

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: _____