



call or text
(918) 615-6280

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

Riverside

9716 Riverside Pkwy
Suite 201
Tulsa, OK 74137
(918) 615-6280

Mingo

8165 S Mingo Rd Suite
101
Tulsa, OK 74133
(918) 615-6280