



JACKSONVILLE PHYSICAL THERAPY

PHYSICIAN REFERRAL

Clinics

Phoenix
3338 Paper Mill Rd
Phoenix, MD 21131
(410) 628-7011

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: _____