



# REHAB 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

#### **Barnesville**

231 Highway 41 N  
Suite E  
Barnesville, GA 30204-3650  
(770) 872-2060

#### **Griffin**

680 S 9th St Suite A  
Griffin, GA 30224  
(770) 229-6141

#### **Fayetteville**

535 S Glynn St Suite  
2008  
Fayetteville, GA 30214  
(770) 703-3143

#### **Meriwether**

1140 Warm Springs  
Hwy Suite 1150  
Manchester, GA 31816  
(706) 441-0099

#### **Cusseta**

300 B Hwy 520  
Cusseta, GA 31805  
(706) 890-8041

#### **Columbus / Midland**

6516 Kitten Lake Drive  
Suite E7  
Midland, GA 31820  
(706) 221-3031