ProRehab Physical Therapy

Physician Referral

Patient's Name: ______________________________

Diagnosis: ______________________________

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Precautions: ______________________________

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- ☐ Evaluate and Treat
- ☐ Home Program
- ☐ Work/Functional Conditioning
- ☐ Therapeutic Exercise
- ☐ Modalities
- ☐ Other ______________________________

Comments: ______________________________

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Frequency: ____ x week ____ weeks or ____ visits total

Signature: ______________________________

Date: ______________________________

Clinics

Castle Dale
150 E Main St
Castle Dale, UT 84513
435-381-5100

Price
590 E 100 North Suite 1
Price, UT 84501
(435) 613-1500

East Carbon
200 East Park Place St
East Carbon, UT 84520
435-888-1500

Green River
355 E 175 S
Green River, UT 84525
435-613-1500

Price/Westwood
223 N Westwood Blvd
Price, UT 84501
(435) 613-1500