



PHYSICIAN REFERRAL

Clinics

Greensboro
1001 Village Park Dr
Suite 105
Greensboro, GA 30642
(706) 454-2000

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: _____