



Corning Physical Therapy

— AND —

WELLNESS CENTER

PHYSICIAN REFERRAL

Clinics

Corning Clinic
710 Solano St Suite B
Corning, CA 96021
(530) 824-9355

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: _____