



PHYSICIAN REFERRAL

Clinics

**Orthopedic & Spine
Physical Therapy of
L/A**

581 Main Street, Suite 1
Lewiston, ME 04240
(207) 777-3002

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: _____