



HESS PHYSICAL THERAPY

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

**McKees Rocks
(Kennedy) / Kenmawr
Plaza**

566 Pine Hollow Road
McKees Rocks, PA
15136
(412) 771-1055

**Pittsburg / Crafton-
Ingram Shopping
Center**

37 Foster Avenue
Pittsburgh, PA 15205
(412) 458-3445

**Allison Park / Pilsung
Plaza**

2870 Talley Cavey Rd
#100
Allison Park, PA 15101
(412) 487-2787

Bethel Park

110 Fort Couch Rd
Pittsburgh, PA 15241
(412) 835-2626

Atlasburg

1569 Smith Township
Road
Atlasburg, PA 15004
(724) 947-9999