



**Call Today**  
**(260) 250-3561**

## 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

**Calhoun Street/South Office**

3805 S Calhoun St  
Fort Wayne, IN 46807  
(260) 497-7191

**Lahmeyer/Northeast Office**

4303 Lahmeyer Road  
Fort Wayne, IN 46815  
(260) 497-7191

**Sage Bluff Crossing/Southwest Office**

4025 Sage Bluff  
Crossing  
Fort Wayne, IN 46804  
(260) 497-7191

**Auburn/North Office**

9823 Auburn Rd  
Fort Wayne, IN 46825  
(260) 497-7191