



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