



Physical Therapy & Wellness Centers

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

Alamogordo Physical Therapy

2351 Indian Wells Rd
Alamogordo, NM 88310
(575) 437-3351

Artesia Physical Therapy

601 W Mahone Dr
Artesia, NM 88210
(575) 746-2566

Carlsbad Physical Therapy

126 S Canyon St
Carlsbad, NM 88220
(575) 628-0503