



# 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

### Middletown

210 Cleaver Farm Rd.  
Suite 1  
Middletown, DE 19709  
(302) 449-2048

### Dover

642 South Queen St,  
Suite 101  
Dover, DE 19904  
(302) 724-6344

### Smyrna Wellness Building

100 S. Main St, Suite  
300  
Smyrna, DE 19977  
(302) 389-7855

### Lewes

20268 Plantations Rd  
Suite B  
Lewes, DE 19958  
(302) 727-0075

### Wilmington

4345 Kirkwood Hwy,  
Suite 201  
Wilmington, DE 19808  
(302) 635-9009

### Milford

1004 N Walnut St  
Milford, DE 19963  
(302) 503-0440

### Cape Henlopen

12100 Black Swan Dr  
Suite 202  
Lewes, DE 19958  
(302) 644-5591

### Milton Office

108 Broadkill Road  
Milton, DE 19968  
(302) 608-9008

### Frederica Office

77 Milford Neck Road  
Milford, DE 19963  
(302) 440-2910

**Bear**  
1456 Pulaski Hwy  
Newark, DE 19702  
(302) 440-6161