Premier
PHYSICAL THERAPY & SPORTS PERFORMANCE

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