West Park Rehab
PHYSICAL THERAPY

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

Franklin
571 Pone Lane
Franklin, PA 16323
(814) 437-6191

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3233 State Route 257
P.O. Box 265
Seneca, PA 16346
(814) 493-8631