



# Thunder Bay Therapy

## & Sports Medicine

### 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

##### Alpena

348 Long Rapids Plaza  
Alpena, MI 49707  
(989) 358-8086

##### Rogers City

140 S Bradley Hwy  
Rogers City, MI 49779  
(989) 734-7607