

PEAK PHYSICAL THERAPY

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REFERRAL FOR PHYSICAL THERAPY

PATIENT NAME _____ DOB _____

PATIENT PH _____ INS _____

DIAGNOSIS _____ CODE _____

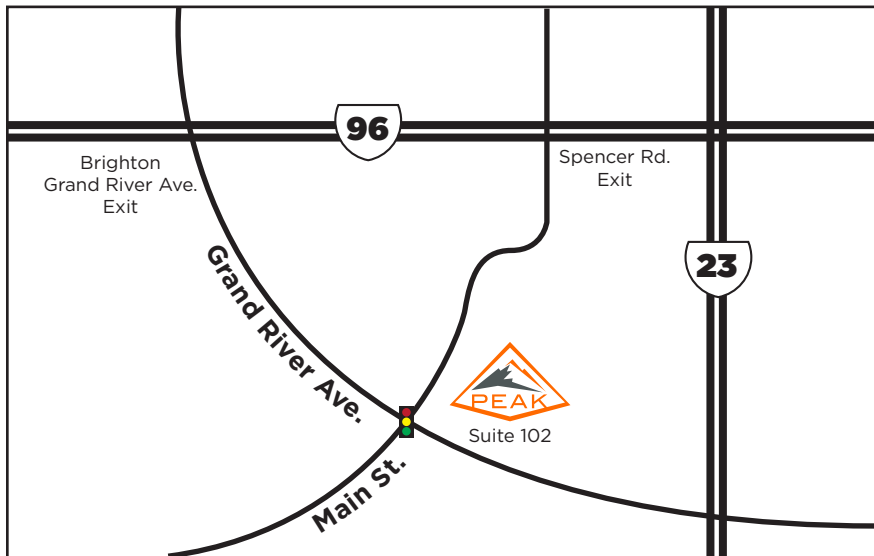
ORDER: EVAL & TREAT _____

FREQUENCY: 2-3/WEEK x 4-8 WEEKS _____

PHYSICIAN _____ PH _____

SIGNATURE _____ FAX _____

DATE _____ NPI # _____



Just a Reminder

- Please bring this prescription/referral slip with you on your first visit.
- Please arrive 15 minutes before your scheduled appointment to complete any necessary paperwork.
- Evaluations (1st visits) usually last 60 to 90 minutes.

What to Wear

- Please bring comfortable clothing and sneakers including T-shirts or tank tops and shorts or sweatpants.

What to Bring (Insurance Forms)

- Driver's License
- Insurance Card
- For worker's compensation claim, bring employer information and claim number.