

4836 E McDowell Road Suite 101 Phoenix, AZ 85008 (480) 408-4822 www.choosefortept.com

E-mail: info@choosefortept.com

Referral for Physical Therapy

Name:	Date of Birth:
Diagnosis:	Date:
Physical Therapy Evaluation and Treatment	RX Frequency: 2-3x/week Other:x/week
Continue Physical Therapy Treatment	RX Duration: 4-6 weeks Other:weeks
Notes:	
Provider Signature:	