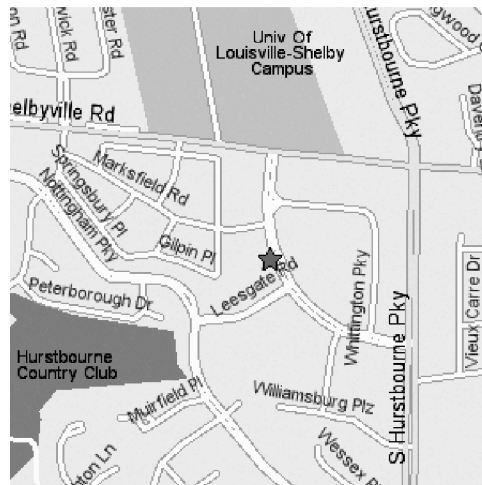




PHYSICAL REHAB INSTITUTE

252 Wittington Parkway
 Louisville, KY 40222
 502.423.7246 • Fax 502.426.7247
 dboles@thepaininstitute.com

Appointment Date _____ Appointment Time _____



PATIENT _____ DATE _____

DIAGNOSIS _____

PHYSICAL THERAPY REFERRAL FOR:

- | | |
|--|---|
| <input type="checkbox"/> Evaluate and Treat | <input type="checkbox"/> Electrical Muscle Stim. |
| <input type="checkbox"/> Modalities As Indicated | <input type="checkbox"/> Home Ex. Program |
| <input type="checkbox"/> Ultrasound | <input type="checkbox"/> TENS |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Moist Heat / Cyrotherapy |

PRECAUTIONS / SPECIAL INSTRUCTIONS:

Physician Signature _____