

Patient Name:

## THERAPY / REHAB REFERRAL FORM ALL MAJOR PAYORS, TRICARE, & MEDICARE ACCEPTED

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_ Diagnosis: Special Instructions: Evaluate & Treat at Physical Therapist's Discretion Physician Signature: Physician Name: Certification: I certify that this treatment is medically necessary and required for the above named patient.



**FYZICAL - Mooresville Town Square** 297-A Williamson Rd., Mooresville NC 28117

P: 704-360-5511 F: 704-360-5513



**FYZICAL - Mountain Island** 9920 Couloak Dr., Ste. 120, Charlotte, NC 28216

P: 704-900-2909 F: 704-900-2908



FYZICAL - Belmont 6425 Wilkinson, Blvd., Belmont, NC 28012

P: 704-774-8190 F: 704-774-8190

## Low back pain (M54.50); w/ radiculopathy

- (M54.16)
- Cervicalgia (M54.2); w/ radiculopathy (M54.12)

REASON FOR REFERRAL (circle code)

- Knee pain (Right M25.561; Left M25.562)
- Shoulder pain (Right M25.511; Left M25.512)
- Decreased Balance (R26.81)
- Decreased Strength (M62.81)
- BPPV (H81.11 Right ear; H81.12 Left ear; H81.13 BIL)
- Unsteadiness on Feet (R26.81)
- Dizziness & Giddiness (R42)
- Other \_\_\_\_\_

✓ Vertigo / BPPV / Dizziness
✓ Orthopedic &Spine Rehab
<b>√</b> TMJ / TMJD
Concussion Management

**Balance & Fall Prevention** 











## Our Promise.... "We're spelled different, because we are different!"

- We book new patient appointments promptly. You can expect your patient to be contacted and scheduled within 24 hours.
- · We provide one-to- one patient care for the full appointment
- · Real people answer the phone...no annoying recorded phone menu system