

Patient Name: \_\_\_\_\_Phone: \_\_\_\_

## FYZICAL | Brownsville

1714 Boca Chica Blvd Brownsville, TX 78520 P: (956) 544-2401 F: (956) 504-2234

	Referring Physician:		Date:		
Special Instructions:	Diagnosis:				
	Evaluate & Treat  Pre/Post-Op Rehabilitation		Continue Current Rx  Balance Rehabilitation		
	☐ Knee ☐ Hip ☐ Back ☐ Shoulder	☐ Wrist/Hand	☐ Balance Ret☐ Epley Mane☐ Neurologica☐ NIR Infrared	al Gait Training	
	Orthopedic Rehabilitation		Progr	Programs	
	☐ Joint Mob☐ Other:	/R.O.M. on e Mobilization	□ Balance Retraining □ Vestibular Therapy □ Headaches □ Osteoporosis □ Fibromyalgia □ S/P CVA □ Parkinsons □ Sports Specific □ Work Specific		
	☐ Ultrasound ☐ Electrical S ☐ Iontophord ☐ Traction ☐ Other:	Stimulation esis	Patient Education  Home Exercise Program Fall Prevention ADL Training Other:		
		Frequency: Duration:			

Physician Signature: