FYZICAL®
Therapy & Balance Centers

6222 De Zavala Rd STE 101 San Antonio, TX 78249

FYZICAL De Zavala

REHABILITATION REFERRAL

Major Insurance Plans Accepted

Patient's Name: _____ Patient's DOB: _____

Diagnosis: _____ Patient's Phone: _____

Provider's Name: _____ Date: _____

EVALUATION

☐ **Evaluate and Treat at the Therapist's Discretion**

- ☐ Stroke Rehabilitation Program
- ☐ Vestibular / Vertigo Rehabilitation Program
- ☐ Orthopedic Therapy
- ☐ Neurologic / Cognitive Rehabilitation
- ☐ Occupational Therapy
- ☐ Sports Injury Therapy
- ☐ Parkinson's Therapy
- ☐ Workman's Comp
- ☐ Pre & post Surgery
- ☐ Chronic Pain Management
- ☐ Fall Prevention

Notes: _____

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REFERRING PROVIDER'S INFORMATION

Provider's Signature: _____ Date: _____