

at Decatur ENT

ORDER FOR PHYSICAL THERAPY

Patient Name:	DOB:	
Address:	City/State:	
Phone:	Email:	
Insurance Company:	Policy #	
2nd Insurance:	Policy #	
Evaluate and Treat		
Diagnosis ICD-10 Code:		
Precautions:		
Return Fax # (For POC)		
	8th St SE	
FYZICAL Therapy & Balance Centers		
ille Rd SE	Ave SE ENT Production to the best of the b	
Somerville		
Medical Dr SE	ADDRESS: 1218 13th Ave SE PHONE: 256-351-5015	
	FAX: 256-351-5016	
*		
MD Signature:	DATE:	

Form # FCP-0716-24