



3477 Poplar Avenue, Memphis, TN 38111

REHABILITATION REFERRAL

Major Insurance Plans Accepted

Patient's Name: _____ Patient's Phone: _____

Diagnosis: _____

Provider's Name (Print): _____

Patient's DOB: ____ / ____ / ____

ICD Code: _____

EVALUATE & TEST at the Therapist's Discretion
 CONTINUE RX

Notes/Precautions: _____

REFERRING PROVIDER INFORMATION

Referring Physician's Signature: _____

Print Referring Physician's Name: _____

Date: ____ / ____ / ____

Certification: I certify that this treatment is medically necessary and required for the above name patient.



901-347-0687

FYZICAL Poplar and Highland

3477 Poplar Avenue, Memphis, TN 38111



901-347-0689



www.fyzical.com/poplar-and-highland-tn



poplarandhighland@fyzical.com