

Rehabilitation Referral

Major Insurance Plans Accepted

Patient Name: _____ Date: _____

Phone: _____ D.O.B. _____ ICD Code: _____

Diagnosis: _____

Special Instructions: _____

Evaluate and Treat at Therapist's Discretion

Physician Signature: _____ Physician Name (please print): _____

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

Services Available

- Pre & Post Surgical Orthopedics
- General Orthopedics
- Sports Injury
- Aches & Pains
- Personal Training
- Concussion & Vestibular Rehabilitation
- Neurological Gait/Balance Training

Please fax form and demographic sheet.

 (325) 262-4198

 (325) 944-2958

*please include area code when faxing or calling, even if local

 (325) 766-0677

3415 Johnson Ave San Angelo, TX 76904

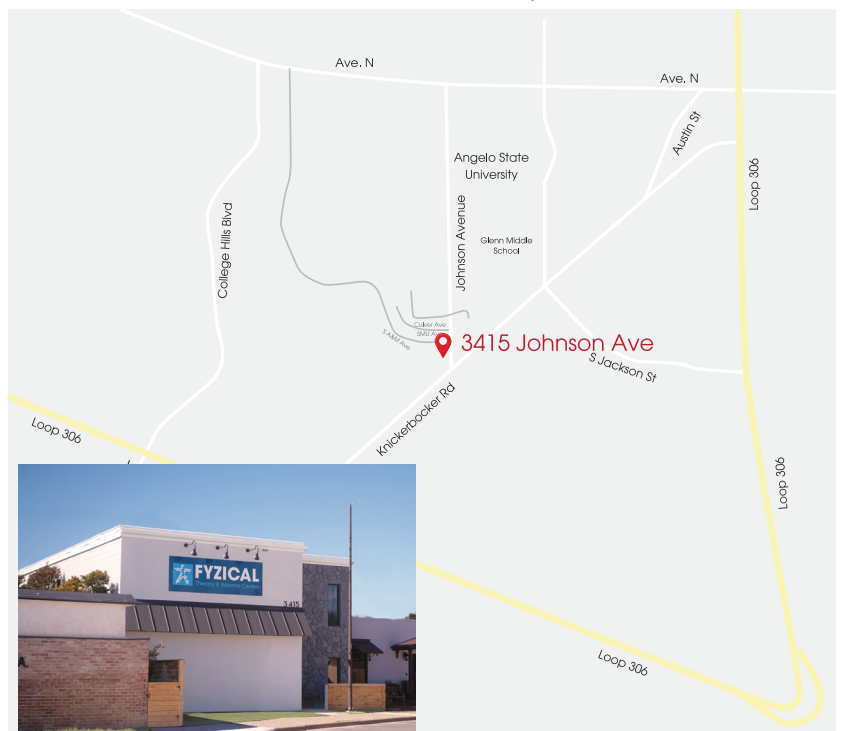
**For more information, please visit
www.FYZICAL.com/SanAngelo**



Our therapists are ready to help you. **Love Your Life!**

Tim Bickford, PT, ATC, LAT
Director Therapy Services

Sterling Eckert, PT, DPT, CSCS
Physical Therapist



Fyzical Therapy & Balance Center Accepted Insurances

Aetna • American Specialty Health • BlueCross BlueShield • Cigna • GEHA • Humana • Humana Military • CSI • Medicaid TMHP • Medicaid (Traditional) • Medicare • Molina Healthcare of Texas • MultiPlan • Scott & White • Superior HealthPlan • TriCare • United Healthcare • VA-TriWest-CCN • Workers Comp