Physical Therapy Referral

Patient Name: _____ Date of Birth: _____

Patient Phone Number: _____ Date of Referral: _____

Diagnosis/ICD: _____

☐ Evaluate and Treat ☐ Other

Provider Name: _____ Provider Fax Number: _____

Provider Signature: _____

5 locations in San Antonio

(each location is independently owned and operated)

☐ **South San Antonio**
88 Briggs Ave, Suite 245
San Antonio, TX 78224
P: (210) 921-1599
F: (210) 921-2088

☐ **Stone Oak**
20818 Gathering Oak, Ste #118
San Antonio, TX 78260
P: (210) 200-8921
F: (210) 858-6416

☐ **Shavano Park**
14439 NW Military Hwy, Ste107
Shavano Park, TX 78231
P: (726) 201-4290
F: (726) 201-4335

☐ **Boerne**
745 W. San Antonio Ave, Ste #200
Boerne, TX 78006
P:(830) 249-7211
F:(830) 249-4698

☐ **De Zavala (Re-opening Soon)**
6222 De Zavala Rd, #101
San Antonio, TX 78249
P: (210) 864-3174
F: (210) 742-7091