



FYZICAL[®]
Therapy & Balance Centers

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Sugar Land, TX 77479
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<https://fyzical.com/west-sugar-land-tx>

REHABILITATION REFERRAL

Major Insurance Plans Accepted

Patient Name: _____ Date: _____

Phone: _____ DOB: _____ ICD Code: _____

Diagnosis: _____

Special Instructions: _____

Evaluate & Treat at Physical Therapist's Discretion

Physician Signature: _____ Physician Name (Print): _____

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