

Patient Name: _____

Phone: _____ DOB: _____

Diagnosis: _____

ICD-10: _____

EVALUATE AND TREAT APPROPRIATELY

Special Programs

- ASTYM™ SYSTEM
- LSVT BIG®
- MANUAL THERAPY
- TMJ
- WOMEN'S HEALTH

Services

- Chronic Pain
- Balance/Fall Prevention
- Ergonomic/Body Mechanics Assessments
- Post-Op Rehabilitation
- Postural Education
- Soft Tissue/Joint Mobilization
- Spine Rehabilitation
- Therapeutic Exercise
- Other _____

Treat _____ times per week for _____ weeks
In making this referral, physician certifies that prescribed rehabilitation is medically necessary.

Physician Signature _____

Physician Name _____

Date _____

(REQUIRED BY MEDICARE)

Thank you for this referral

ROSEBURG

Central PT

Jeffrey S. Jones PT
Director

TEL: 541-673-1808

FAX: 541-673-2117

MYRTLE CREEK

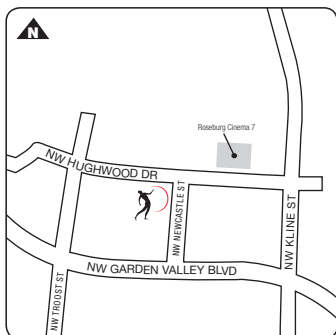
Myrtle Creek PT

Susan Sheely MPT
Physical Therapist

TEL: 541-860-7550

FAX: 541-860-7553

Physician's Notes:



CENTRAL PHYSICAL THERAPY

Jeffrey S. Jones PT

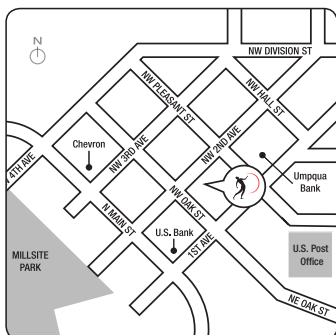
Clinic Director

2040 NW Newcastle St, | Roseburg, OR 97470

TEL: 541-673-1808

FAX: 541-673-2117

EMAIL: central@taipt.com



MYRTLE CREEK PHYSICAL THERAPY

Susan Sheely MPT

Physical Therapist

213 NW 2nd Ave. | Myrtle Creek, OR 97457

TEL: 541-860-7550

FAX: 541-860-7553

EMAIL: myrtlecreek@taipt.com

PATIENT INSTRUCTIONS

Please contact your preferred location to schedule your physical therapy visit. To prepare you for your upcoming visit with us, we encourage you to visit our New Patient webpage, where you can find information on the following:

- New patient forms
- What to expect & what to wear
- Insurance & billing
- Shared decision making

www.therapeuticassociates.com/**Welcome**