



Therapeutic Associates PHYSICAL THERAPY

Port Angeles

Name: _____

Phone: _____ DOB: _____

Diagnosis: _____

EVALUATE AND TREAT APPROPRIATELY

Physician's Notes:

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

**Beth Sandoval PT, DPT
Clinic Director**

Dava McNutt, PT
Emma Logan, PT, DPT
Lindsey Marsaw, PTA

TEL: 360-452-6216

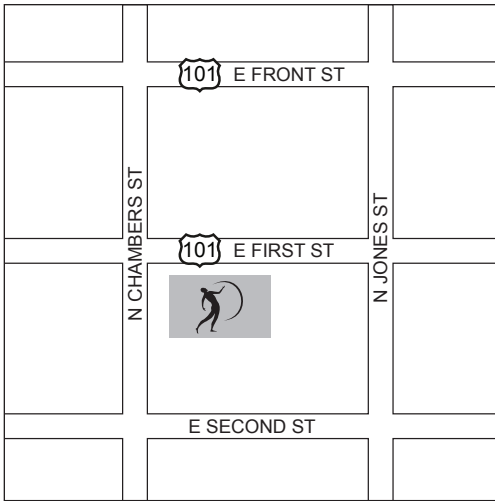
FAX: 360-452-8765



Providers for:

Capp Care, Cigna,
Community Health Network
of Washington, Crime
Victims/Washington Labor
& Industries, Department
of Labor & Industries,
Department of Social &
Health Services, First
Choice/First Choice Health
Network, First Health, Great
West Healthcare, Medicare,
Molina, Pacifi care/Secure
Horizons, Office Of Worker's
Comp Program - Dept. of
Labor (OWCP), Premera,
Private Healthcare System,
Railroad Medicare, Regence
Blue Shield, Three Rivers
Provider Network, Uniform
Medical/ Washington State
Healthcare Authority, United
Healthcare.

Provider status for other health
plans may vary per office.
Please phone clinic to verify
insurance coverage.



PORT ANGELES

Beth Sandoval PT, DPT, OCS

1108 E First St
Port Angeles, WA 98362

portangeles@taiweb.com

TEL 360-452-6216

FAX 360-452-8765

SERVICES WE OFFER

Orthopaedic Physical Therapy
ASTYM
Sports Rehabilitation
Low Back Pain Revolution
Lymphedema Care & Management
Manual Therapy (NAIOMT Level III)
Geriatric Physical Therapy
Pilates

Temporomandibular Dysfunction
Vestibular/Balance Rehab
Women's Health
Aquatic Physical Therapy
Post Surgical Rehabilitation
Work Conditioning
Custom Orthotics

OBTAINING ON-LINE REGISTRATION FORMS

Visit: www.therapeuticassociates.com

Steps From Homepage:

- Patient Registration
- Registration Forms

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and all pages can be filled on screen