A1 Physical Therapy Clinic at Irving & Bedford

240 O'Connor Ridge Blvd,
Suite 110, Irving TX 75038

1999 Forest Ridge Dr.
Bedford, TX 76021

Phone : 972-756-9500, Fax : 972-756-9501
pt@a1physicaltherapyclinic.com, www.a1physicaltherapyclinic.com

PHYSICIAN REFERRAL FORM

Date : ______________________________

Patient Name : ______________________________

DOB : ______________________________

Patient's Phone Number : ______________________________

Referral for : __________**Physical Therapy**

Diagnosis / ICD : ______________________________

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Precautions : ______________________________

Evaluate and Treat : __________

Frequency : As per Therapist evaluation for __________ **times per week for** __________ **weeks.**

Specifications from the Physician, Including follow up : ______________________________

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Physician's Signature : ______________________________

Printed Name of Physician : ______________________________

UPIN / NPI : ______________________________

Insurance Information :

ROYAL CROWN HEALTHCARE PROVIDER INC.
COMPETENT & COMPASSIONATE HEALING

Please fax this form with the current H & P