

# Physical Therapy Referral



## Foothills Physical Therapy, P.A.

*Orthopedic Manual Physical Therapy*

*Sports & Work Injury*

16 Old Pike Rd., P.O. Box 48

Cornish ME, 04020

Tel: (207) 625-4300

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*Thomas J. Thoman, DPT*

*Jim G. Stevenson, PT, FAAOMPT*

*Hayes A. Sweeney, MPT*

Name: \_\_\_\_\_

ICD-9 Code: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of scheduled appointment \_\_\_\_/\_\_\_\_/\_\_\_\_

Schedule for: Physical Therapy Examination and Treatment Intervention(s)

Instructions / Precautions:

Frequency / Duration:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date

\_\_\_\_\_

Physician's Signature