



PT CONSULTATION

P H Y S I C A L T H E R A P Y

developmentdesigndirection

PATIENT NAME

PATIENT PHONE NUMBER: (HOME)

(WORK)

DIAGNOSIS

ICD-9

EVALUATION ONLY

EVALUATE AND TREAT

FREQUENCY

times per week

DURATION

weeks

PRECAUTIONS AND SPECIAL INSTRUCTIONS

ALTER G® Anti Gravity Treadmill



REFERRING PROVIDER NAME(PRINTED)

REFERRING PROVIDER SIGNATURE

DATE

\* Please provide patient demographics when faxing script.

3131 Turtle Creek, Suite 615 :: Dallas, TX 75219

phone 214.528.3DPT (3378) :: fax 214.528.3379

www.3dphysicaltherapy.net

HWY 75

MCKINNEY AVE

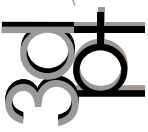
TURTLE CREEK BLVD

CEDAR SPRINGS RD

LEMON AVE

N HALL ST

CEDAR SPRINGS RD



3131 Turtle Creek  
Suite 615  
Dallas, TX 75219

OAK LAWN AVE

MAPLE AVE

N DALLAS TOLLWAY

I-35E

**INSERT FAX THIS WAY**

fax 214.528.3379

