



PT CONSULTATION

PHYSICAL THERAPY

developmentdesigndirection

* Please provide patient demographics when faxing script.

PATIENT NAME

PATIENT PHONE NUMBER: (HOME)

(WORK)

DIAGNOSIS

ICD-10

EVALUATION ONLY

EVALUATE AND TREAT

FREQUENCY

times per week

DURATION

weeks

PRECAUTIONS AND SPECIAL INSTRUCTIONS

ALTER G® Anti Gravity Treadmill



REFERRING PROVIDER NAME(PRINTED)

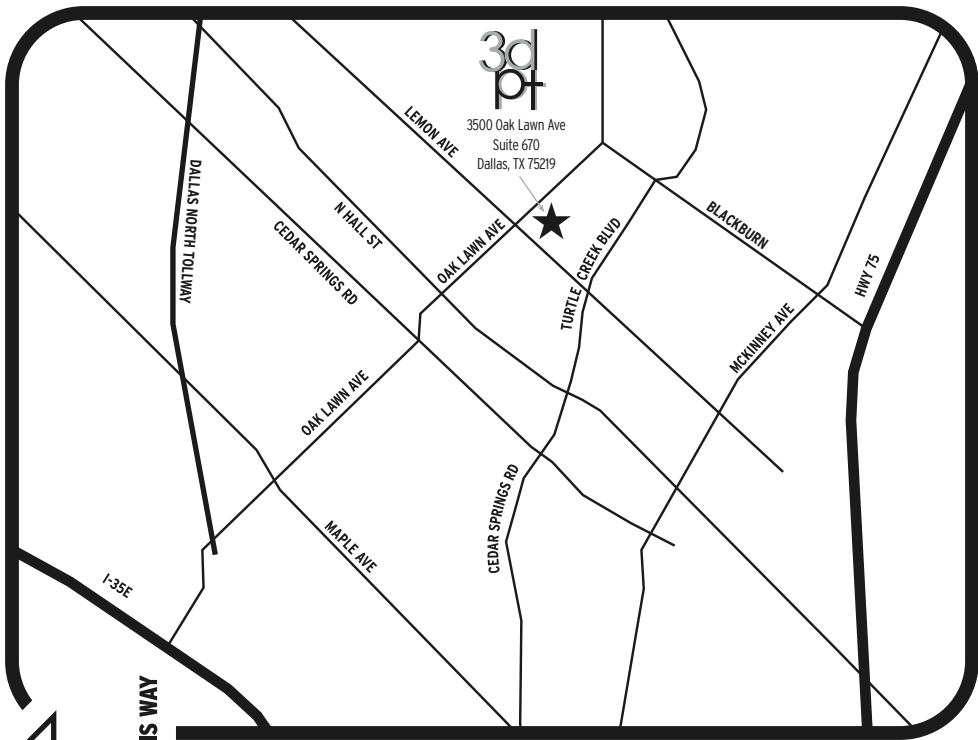
REFERRING PROVIDER SIGNATURE

DATE

8222 Douglas Ave, Suite 430 :: Dallas, TX 75225
phone 469.372.0021 :: fax 469.372.0029

Virtual Visit

3500 Oak Lawn Ave, Suite 670 :: Dallas, TX 75219
phone 214.528.3DPT (3378) :: fax 214.528.3379



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