



CANYON
SPORTS • FITNESS • PHYSICAL THERAPY

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Physical Therapy Referral From Ortho/Neuro

Name _____ Date _____

DX _____

- Eval & Treat
- Strength/Exercise _____ [] Aggressive [] Gentle [] Progressive
- Stretch _____ [] Aggressive [] Gentle [] Progressive
- Promote Healing _____

SPECIAL INSTRUCTIONS/PRECAUTIONS

- Teach _____
- WT. Bearing Status _____
- Pain Control _____
- Order for Home _____
- Other: _____

Recommended Frequency & Duration: _____

Physician Signature _____

Printed Name _____ License # _____

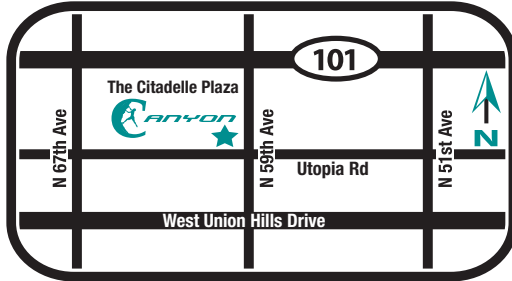
(623) 374-2910



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GLENDALE



The Citadelle Plaza

19420 NORTH 59TH AVE • SUITE H-830
GLENDALE, AZ 85308
FAX: (623) 374-7215

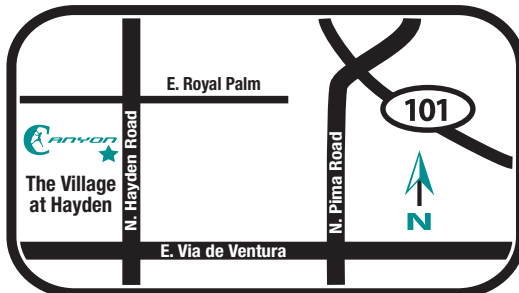
SURPRISE



Surprise Professional Park

16968 WEST BELL ROAD • BUILDING D • SUITE 401
SURPRISE, AZ 85374
FAX: (623) 537-3628

SCOTTSDALE



The Village at Hayden

8220 NORTH HAYDEN ROAD • SUITE C108
SCOTTSDALE, AZ 85258
FAX: (623) 505-2552

(623) 374-2910