



CANYON
SPORTS • FITNESS • PHYSICAL THERAPY

Physical Therapy Referral From Primary MD

Name _____ Date _____

DX _____

Date of Follow-up Appt with MD _____

Eval & Treat

Other: (please describe)

Please send:

- ___ Report of Initial Exam
- ___ Report on Progress
- ___ Attendance/Compliance log
- ___ Disability Recommendations
- ___ Other:

Recommended Frequency & Duration: _____

Physician Signature _____

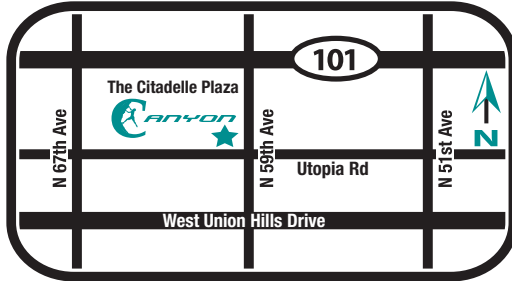
Printed Name _____ License # _____



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SPORTS • FITNESS • PHYSICAL THERAPY

WWW.CANYON-PT.COM

GLENDALE



The Citadelle Plaza

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

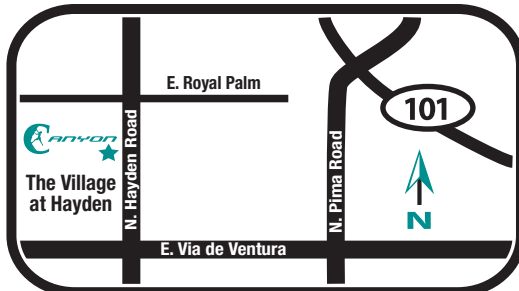
SURPRISE



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 C 108
SCOTTSDALE, AZ 85258
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(623) 374-2910