



## Physical Therapy Referral

Physical Therapy | Move forward together.

Patient \_\_\_\_\_

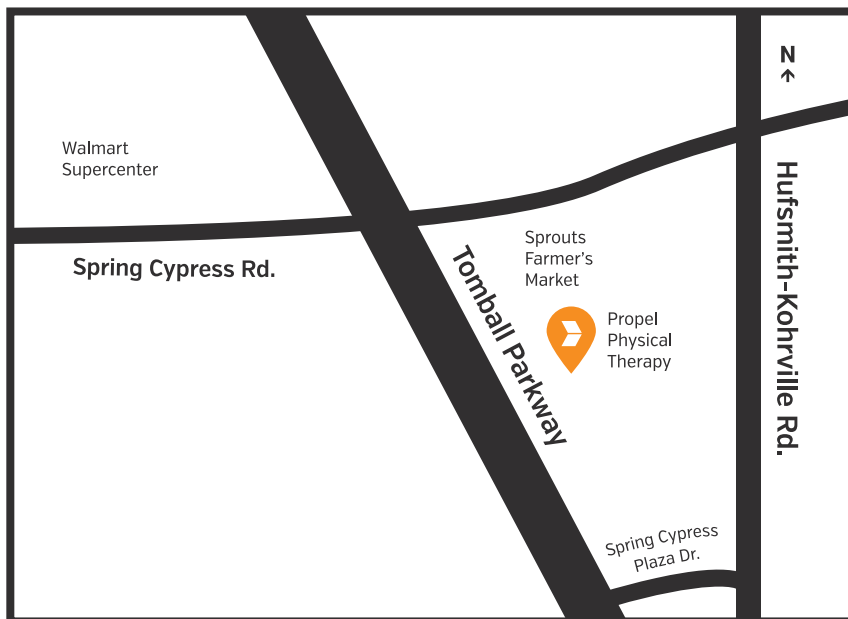
Diagnosis \_\_\_\_\_

**TREATMENT ORDERS** ☐ Evaluate and Treat ☐ Manual Therapy ☐ Therapeutic Exercise ☐ Modalities  
☐ Biomechanical Evaluation ☐ Other

**NUMBER OF TREATMENTS** ☐ PRN per Therapist ☐ \_\_\_\_ Treatments

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Phone \_\_\_\_\_ Fax \_\_\_\_\_



Directions

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