Dr. Batty's Office
1262 West 5th St.
Sheridan, WY, 82801

Secure Call/Text: (307) 336-7774
Secure FAX: (307) 202-4643

Back Country Physical Therapy Referral Form:

☐ **Evaluate and treat**

Patient Name:____DOB:______________

Patient Phone: ____

Diagnosis: ____ICD-10: ______________

Special Instructions:

____

____

PHYSICAL THERAPY

- ☐ Evaluate and treat
- ☐ Spine Rehab
- ☐ TENS/IFC/Ultra Sound
- ☐ Balance/Gait training

☐ Other: ________________________________

Frequency: ___ times per week for ___ weeks.

____

Provider Signature Date Time

Organization:____