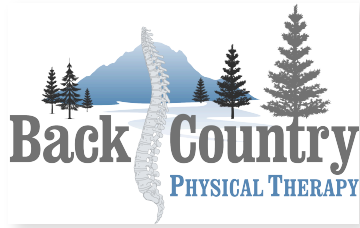


25 E. Alger St. Sheridan, WY 82801
Phone: 307-461-9669
Fax: 307-675-0355



Referral Form:

Evaluate and treat

Patient Name: _____ DOB: _____

Patient Primary Phone Number or E-mail: _____

Diagnosis: _____ ICD-10: _____

Special Instructions:

- Physical Therapy – Evaluate and Treat
- Spine Rehab – Pre and Postoperatively
- Mechanical Diagnosis and Therapy (MDT)
- Dry Needling/Manual Therapy
- S/P Orthopedic Surgical Repair and/or Total Joint Rehabilitation
- Vestibular Rehab/Epley Maneuver
- TENS/IFC/Ultra Sound
- Therapeutic Exercise and Work or Sport Injury Rehabilitation
- Balance/Gait training/Fall Prevention
- Splint Fabrication/Orthotics
- Other Treatment Intervention: _____

Frequency: ____ times per week for ____ weeks.

Provider Signature _____
Date _____ **Time** _____

Organization: _____

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