The Orthopaedic Center
Physical & Sports Therapy

THERAPY REFERRAL/SCRIPT

☐ **PT** ☐ **OT**

Patient Name: _____ DOB: _____

Sex: ☐ Male ☐ Female Patient Phone #: _____

Diagnosis: _____

Date of Surgery/Injury: _____

Frequency/Duration: _____ X/week for _____weeks

Referral for:

☐ **Evaluate and Treat** ☐ **Continue with established therapy**

Modalities:

- ☐ Electrical Stimulation
- ☐ Ultrasound/Phonophoresis
- ☐ Iontophoresis (i.e. **Dexamethasone**)
- ☐ Paraffin
- ☐ Traction (mechanical)
- ☐ Vasopneumatic Compression

Rehabilitation Intervention:

- ☐ A/PROM
- ☐ Strengthening
- ☐ Manual Therapy
- ☐ Bal./Coordination
- ☐ Gait Training
- ☐ Work Cond./FCE
- ☐ OA/DJD Protocol
- ☐ Muscle Stim
- ☐ Neuro Re-education
- ☐ Cognitive Retraining
- ☐ Splint Fabrication
- ☐ ADL Training
- ☐ Body Mechanics
- ☐ Stabilization
- ☐ THA Kit
- ☐ Dry Needling (TDN)

Precautions/Orders: _____

Physician Signature: _____ **Date:** _____

The above prescribed treatment is medically necessary for rehabilitation of this patient and this referral will serve as a letter of medical necessity.

TOC THERAPY CENTERS

Huntsville Main
927 Franklin St.
P (256) 428-3000
F (256) 428-3003

Madison
8475 Wann Dr.
P (256) 704-1700
F (256) 704-1701

Scottsboro
104 Liberty Lane
P (256) 574-0660
F (256) 574-4776

New Market
6013 Moores Mill Rd., Suite B
P (256) 852-6440
F (256) 852-6441

Hazel Green
13596 Hwy 231/431 N. Suite 7
P (256) 828-0312
F (256) 828-0313

Guntersville
14224 U.S. Hwy 431
P (256) 582-3020
F (256) 582-4009

Athens
22454 U.S. Hwy 72, Suite 200
P (256) 233-4486
F (256) 230-6908

Florence
168 Ana Drive, Suite B
P (256) 263-1346
F (256) 367-5034

Visit our website at http://www.visittoc.com