



Patient Referral

Name: _____

Diagnosis: _____

Treatment Frequency _____ x/wk _____ per wks

Evaluate & Treat

Precautions / Special Instructions

Procedures/Modalities

- Of Choice
- Balance
- Bracing
- Crutches/Cane
- HEP
- Cryotherapy
- Electro-therapy
- Gait Training
- Iontophoresis
- Cold Laser
- HIVAMAT
- Manual Therapy
- Neuro Muscular Re-education
- TENS/NMES
- Orthotics
- Ultrasound
- Other _____

- Bring your physician referral on your first visit
- Wear loose fitting shorts and t-shirts each visit
- Expect each visit to last from 60 to 90 minutes

If you cannot attend a scheduled appointment, simply call ahead and we will be happy to reschedule.

Hampton Cove

6727 Highway 431 S., Suite B
Owens Cross Roads, AL 35763
Office: (256) 539-0970
Fax: (256) 539-0974

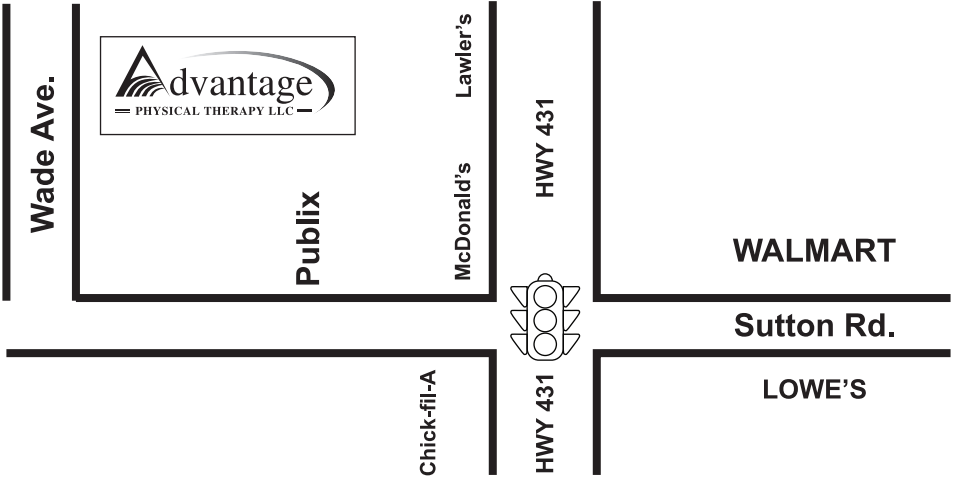
Henagar

17495 Alabama Highway 75 N
Henagar, AL 35978
Office: (256) 657-3626
Fax: (256) 657-3623

I certify that therapy services for the above named patient are required, medically necessary and authorized by me.

Physician's Signature M.D. _____
Date

— Hampton Cove —



*Can't enter from Publix parking lot

— Henagar —

