



SATELLITE BEACH/ INDIAN HARBOUR
Phone: 321-773-5290 Fax: 321-773-5268

INDIALANTIC/ MELBOURNE BEACH
Phone: 321-727-2707 Fax: 321-727-2977

MELBOURNE/ SUNTREE
Phone: 321-255-5500 Fax: 321-255-5551

VIERA/ ROCKLEDGE
Phone: 321-690-6612 Fax: 321-690-2630

PALM BAY/ WEST MELBOURNE
Phone: 321-984-2933 Fax: 321-953-5379

REFERRAL

Patient Name:	CELL Phone:	HOME Phone:
Diagnosis:	Physician:	
Date of Onset / Surgery:	Type of Surgery / Date:	

Area To Be Treated: _____

Precautions / Limitations: _____

EVALUATE AND TREAT

- Electrical Stimulation
- Ultrasound

- Traction
- Soft Tissue Mobilization – Massage
- Iontophoresis* / Phonophoresis*

Other: _____

- Anodyne
- Therapeutic Exercise Strength
 - Passive Active ROM/Flexibility
- Manual Therapy
- Gait Training
 - NWB PWB Safety/Fall Prevention
- Vestibular / Vertigo (BPPV)

Frequency: _____ x week for _____ weeks.

My signature authorizes this treatment to be medically necessary. UPIN # _____ LICENSE # _____

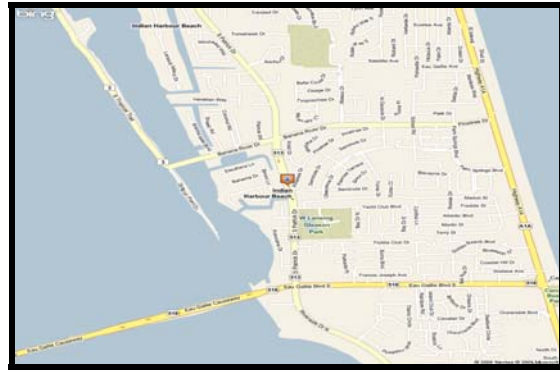
Physician's Signature: _____ Date of Referral: _____

Therapist Signature: _____ Date: _____

** Please provide Rx for desired medication.*

**Satellite Beach/
Indian Harbour
Beach**

2030 South Patrick Drive



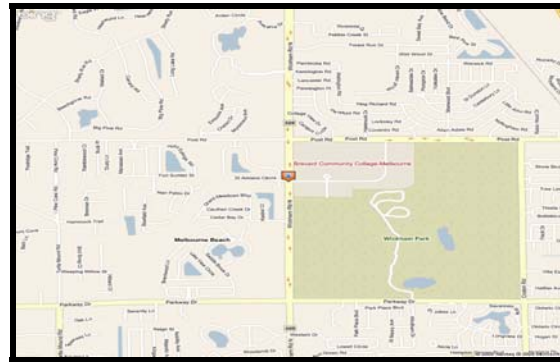
**Indialantic/
Melbourne Beach**

1220 N Hwy A1A



Melbourne/ Suntree

3680 North Wickham Road



Viera/ Rockledge

5445 Murrell Road



**Palm Bay/
West Melbourne**

4270 Minton Road

