40 North Main Street
Bellingham, MA 02019
(508) 966-2717

26 Asylum Street
Milford, MA 01757
(508) 473-0400

PHYSICAL THERAPY REFERRAL

William Collins, MSPT

Full Name : ______________________________

Diagnosis : ______________________________

Frequency : ____________ Duration : ____________

TREATMENT ORDERS :

- [ ] Evaluate and Treat
- [ ] Strength/Endurance
- [ ] Proprioception/Balance
- [ ] ROM
- [ ] Joint Mobilization
- [ ] Gait Training
- [ ] Cervical/Lumbar Spine Program
- [ ] Traction
- [ ] Massage
- [ ] Modalities

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PRECAUTIONS:

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I certify that the above treatment is medically necessary.

Print Name : ______________________________

Physician's Signature: ______________________________

Date : ____________ NPI: ____________