

SpineScottsdale Physical Therapy Phone Number: 480-584-3334

Fax Referrals to: 480-272-9369

Website: www.spinescottsdale.com

See reverse for clinic map and directions

Patient _____ Date _____

Patient Phone Number _____

Diagnosis _____

Special Instructions/Precautions _____

Physical Therapy Evaluation and Treatment

Frequency of Treatment 1 2 3 visits/week

Duration of Treatment 1 2 3 4 6 8 weeks

Center for Spine Health– Special Programs

Osteoporosis Program Ergonomics Program Golf Program

Balance Program Post– Rehab Wellness Program

Referral Printed Name _____ **Date** _____

Referral Signature _____