St. Mary Rehab
Spine & Sport Injuries

52 Traders Way, Pooler, GA 31322
T: 912-999-7275 • F: 912-988-3748 • stmaryssirehab.com

Physical Therapy Referral

Patient Name: _____ DOB: _____

Physician's Name: _____ Follow up date: _____

Diagnosis: _____

Precautions/ Comments: _____

□ Evaluate & Treat

□ Modalities
- □ At therapist's discretion
- □ Hot/Cold packs
- □ Ultrasound
- □ Electrical Stimulation

□ Therapeutic Exercise
- □ Range of motion
- □ Strengthening
- □ Stretching

- □ Neuromuscular Re-education
- □ Gait Training
- □ Massage
- □ Manual Therapy
- □ Kinetic/Therapeutic Activities
- □ Taping
- □ Body Mechanics
- □ Postural Instruction
- □ Home Exercises
- □ Work Conditioning
- □ Other

I hereby certify that Physical Therapy is medically necessary for this patient's plan of care.

Number of visits per week: 2 3 4 5

Treatment duration: 4 8 12 weeks

_____ _____
Signature Date

Physician, please fax this referral slip to 912-988-3748. Thank You!