



PHYSICAL THERAPY IN MOTION

www.PhysicalTherapyInMotion.com

505 E. Michigan Ave.
Saline, MI 48176
Tel (734) 944-1005
Fax (734) 944-1303

3256 Washtenaw Ave.
Ann Arbor, MI 48104
Tel (734) 975-9100
Fax (734) 975-9101

Patient

Referring Physician

Phone

Physician Phone

Diagnosis

Frequency/Duration

- | | |
|--|--|
| <input type="checkbox"/> Evaluate & Treat | <input type="checkbox"/> Modalities |
| <input type="checkbox"/> Occupational Therapy/
Hand Therapy | <input type="checkbox"/> McKenzie Approach |
| <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Aquatic Therapy |
| | <input type="checkbox"/> Gait Training |

Comments

Signature

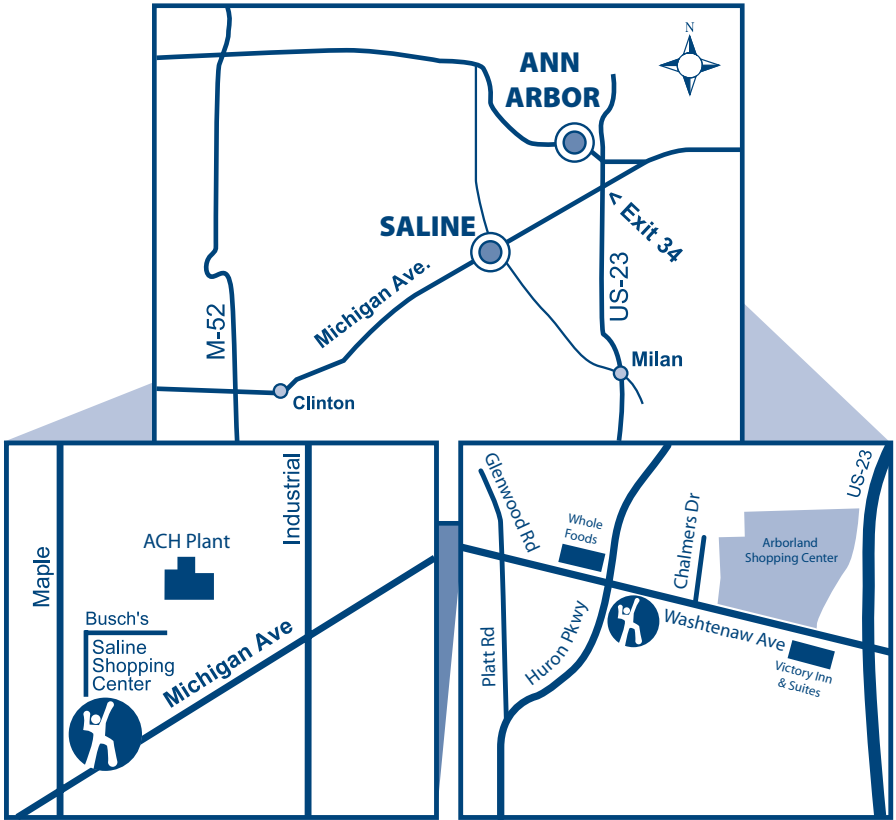
Date

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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JUST A REMINDER:

Please bring this referral slip with you on your first visit.

Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork. Evaluations (1st visit) usually last 1 to 2 hours.

WHAT TO WEAR:

Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants.

WHAT TO BRING:

Appropriate insurance claim form or PPO/HMO referral slip or workers' compensation employer information including claim # or no fault insurance information.