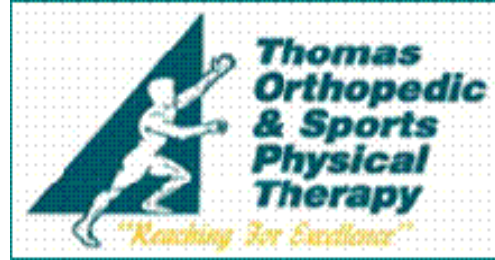


100 Professional Boulevard  
Daytona Beach, FL 32114  
phone: **(386) 257-2672**  
fax: (386) 252-1005  
info@thomasphysicaltherapy.com



Patient Name: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Area to be Treated: \_\_\_\_\_

Special Instructions or Precautions: \_\_\_\_\_



Referring Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Patient was Last Seen by Physician: \_\_\_\_/\_\_\_\_/\_\_\_\_



**THIS PHYSICAL THERAPY TREATMENT IS MEDICALLY NECESSARY.** This treatment is in accord with standard medical practice to be effective for this patient's condition. The treatment is of the complexity and sophistication that it must be performed a physical therapist. Continuation of physical therapy will be determined on 90-day intervals, based on the patient's progress and restoration potential.

**DISCLAIMER:** If the date above is left blank, we will consider the date we receive this referral to be the date last seen.