



**A P M I**  
Physical Therapy and Fitness Center

**FAX REFERRAL**  
**301-220-1533**

## Prescription for Physical Therapy

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

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

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

\_\_\_\_\_ IDC10 Code : \_\_\_\_\_

Evaluation and treat

Posture Analysis

Balance and Gait Training Programs

Special Instructions: \_\_\_\_\_

Precautions & Limitations: \_\_\_\_\_

Frequency: \_\_\_\_\_ Session(s)/Week for \_\_\_\_\_ Week(s)

Date Patient to Return to Doctor: \_\_\_\_\_

Ordered by: \_\_\_\_\_

Date: \_\_\_\_\_

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