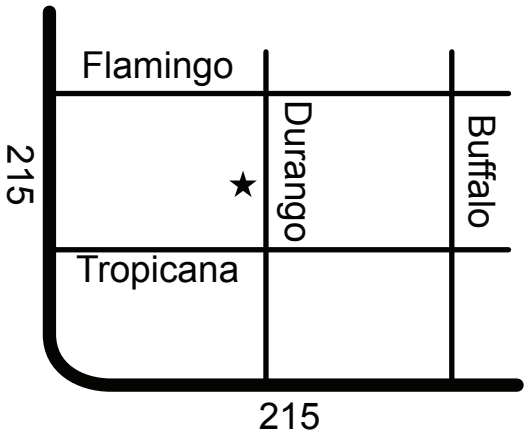
JACKSON

PHYSICAL THERAPY • SPORTS MEDICINE

4765 S. Durango Dr., Suite #106
Las Vegas, NV 89147



Insurance • Personal Injury • Worker's Comp

(702) 898-7633 Fax (702) 898-6433

* Please fax this along with patient's demographics. Call with any questions. *

PATIENT INFORMATION

Name: _____ D.O.B: _____

Phone:(Home): _____ (Cell): _____ (Work): _____

Diagnosis: _____ Date of Injury/Surgery: _____

TREATMENT PROTOCOL

☑ Evaluate and Treat

Precautions _____

Special Instructions _____

_____

FREQUENCY/DURATION ☐ 3/wk x 4 wks ☐ 3/wk x 6 wks ☐ Other_____

The services prescribed are medically necessary for the patient's care

Physician Signature _____ Date: _____

THANK YOU FOR YOUR REFERRAL

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