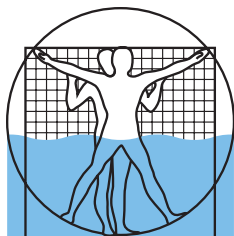


Therapy Referral



West

Tel: 419.885.2322

Fax: 419.885.5329

East

Tel: 419.698.2500

Fax: 419.698.2504

Patient Name _____

Diagnosis _____

Date of Injury _____ Date of Surgery _____

_____ Times a Week for _____ Weeks

PROHAB

Physical Therapy

www.prohab.com

Evaluate and treat per physical therapist discretion

Evaluate and treat per athletic trainer discretion (workers' comp.)

TREATMENTS

Aquatic/Pool Exercise

Functional Capacity Evaluation

Therapeutic Exercise

Sports Specific Training

Work Simulation

Home Program

MODALITIES

Heat/Cold Packs

Iontophoresis

Ultrasound

Traction

Phonophoresis

TENS

Massage

Traction

Electrical Stimulation

Whirlpool

SPECIAL INSTRUCTIONS/PRECAUTIONS

Physician Signature

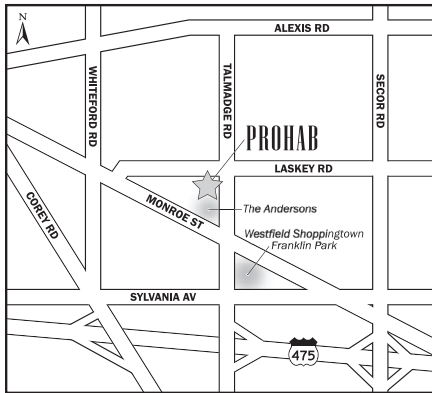
Date

Thank you for your referral!

Your Initial Assessment

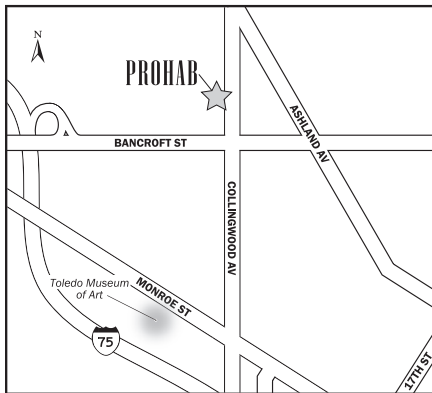
Please arrive promptly at your scheduled appointment time. Please remember to:

- bring the referral from your physician;
- wear loose fitting or exercise clothing; locker room and shower facilities are available;
- bring all required information and forms regarding insurance;
- bring a list of all prescribed medications.



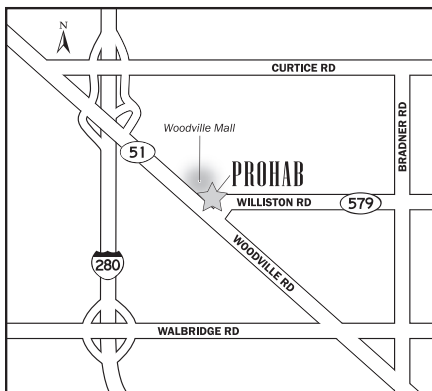
WEST

1000 Regency Ct., Suite 105
Toledo, Ohio 43623
419.885.2322



DOWNTOWN

2275 Collingwood Ave.
Toledo, Ohio 43620
419.885.2322



EAST

4725 Woodville Rd., Suite 4
Northwood, Ohio 43619
419.698.2500