



Appalachian Physical Therapy, Inc.

"There's a difference you can feel"

PHYSICAL THERAPY REFERRAL FORM

Patient Name: _____ DOB: _____

Date: _____ Diagnosis: _____

X-Ray	+ -	Treatment:
CT Scan	+ -	_____ Evaluate and treat accordingly
MRI	+ -	_____ Continue treatment as previously
Bone Scan	+ -	_____ Dry Needling/Intramuscular Manual Therapy
Other	+ -	_____ Other:

COMMENTS AND SPECIAL INSTRUCTIONS:

Signature: _____

Printed Name: _____

NPI: _____

Office Phone Number: _____

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