

Physical Therapy Referral



Foothills Physical Therapy, P.A.

Orthopedic Manual Physical Therapy

Sports & Work Injury

16 Old Pike Rd., P.O. Box 48

Cornish ME, 04020

Tel: (207) 625-4300

Fax: (207) 625-7300

Thomas J. Thoman, DPT

Jim G. Stevenson, PT, FAAOMPT

Hayes A. Sweeney, MPT

Name: _____

ICD-9 Code: _____

Diagnosis: _____

Date of scheduled appointment ____/____/____

Schedule for: Physical Therapy Examination and Treatment Intervention(s)

Instructions / Precautions:

Frequency / Duration:

____/____/____

Date

Physician's Signature