

Prescription for:

- Physical Therapy** **Occupational Therapy** **Speech Therapy**

Patient Name: _____ **Date of Birth:** _____

Diagnosis: _____

Duration and Frequency: 3 times per week for 4 weeks other: _____ times per week for _____ weeks

Special Instructions: _____

Restrictions/Precautions: _____

Evaluate and Treat

Multidisciplinary Neurological Rehabilitation (PT, OT, Speech Therapy at Holly Road site only)

Multidisciplinary Pediatric Rehabilitation (PT, OT, Speech Therapy at Holly Road site only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Spine Program | <input type="checkbox"/> Pediatric Torticollis Program | Speech Therapy: |
| <input type="checkbox"/> Sports Program | <input type="checkbox"/> CARE Cancer Rehab Program | <input type="checkbox"/> Speech and Language |
| <input type="checkbox"/> Fall Prevention Program | <input type="checkbox"/> Opioid Alternative Program | <input type="checkbox"/> Cognitive |
| <input type="checkbox"/> Vestibular Program | <input type="checkbox"/> Pelvic Floor Dysfunction/ Incontinence | <input type="checkbox"/> Voice |
| <input type="checkbox"/> Driving Risk Assessment and Rehab (New!) | <input type="checkbox"/> Hand Rehabilitation | <input type="checkbox"/> Swallowing |
| <input type="checkbox"/> Obstetrics PT Program: | <input type="checkbox"/> Post-Surgical Rehabilitation | <input type="checkbox"/> LSVT LOUD |
| <input type="checkbox"/> Parkinson's Program (LSVT BIG/PWR!) | <input type="checkbox"/> Lymphedema Management | <input type="checkbox"/> Vital Stim |

Referring Provider Signature: _____ **Date:** _____

Referral Information

Referring Physician Name: _____ Physician Phone Number: _____

Patient's Name: _____ Patient's Phone #: _____ MRN#: _____

Insurance: _____ Workers Compensation Auto

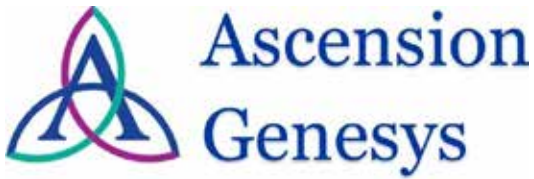
**We will contact the patient and schedule him/her for the requested rehabilitation program.*

Grand Blanc Locations:

- Orthopedics and Sports Med Center **Burton Location** **Flint Location** **Mt. Morris Location**
- Neurological and Specialty Rehab **Fenton Location** **Lapeer Location**

See Reverse Side for Addresses and Maps

Central Scheduling Phone: 1-888-218-4045
Central Fax: 1-810-249-4230

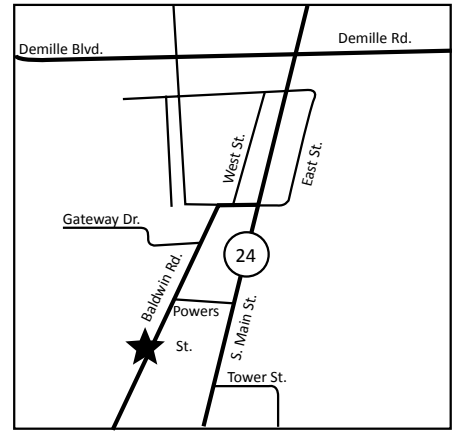


Physical Therapy



LAPEER LOCATION

944 Baldwin Road, Suite E, Lapeer, MI 48446
 Phone (810) 245-8290, Fax (810) 245-6929



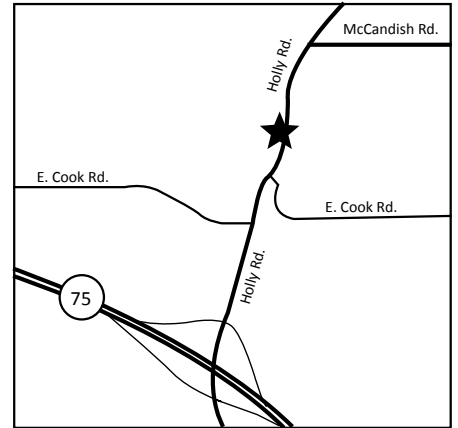
GRAND BLANC LOCATION

Orthopedic and Sports Medicine Center
 861 Health Park Blvd., Grand Blanc, MI 48439
 Phone (810) 953-0095, Fax (810) 579-0916



GRAND BLANC LOCATION

Neurological and Specialty Rehabilitation Center
 8447 Holly Road, Grand Blanc, MI 48439
 Phone (810) 603-8300, Fax (810) 603-8305



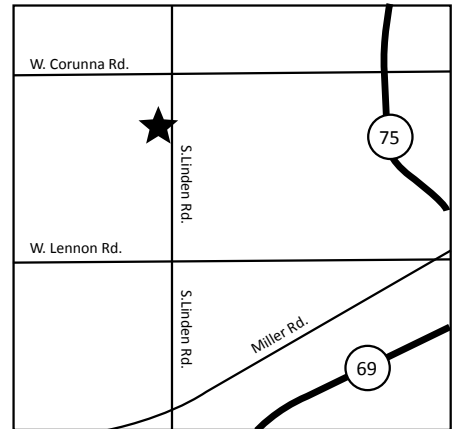
BURTON LOCATION

1096 S. Belsay Road, Suite G, Burton, MI 48509
 Phone (810) 743-1611, Fax (810) 743-2930



FLINT LOCATION

Trillium Office Park
 2222 S. Linden Road, Suite A, Flint, MI 48532
 Phone (810) 733-8222, Fax (810) 733-8863



MT. MORRIS LOCATION

7057 N. Clio Road, Mt. Morris, MI 48458
 Phone (810) 564-2555, Fax (810) 564-2560



FENTON LOCATION

425 Fenway Drive, Suite A, Fenton, MI 48430
 Phone (810) 750-5444, Fax (810) 750-5440

