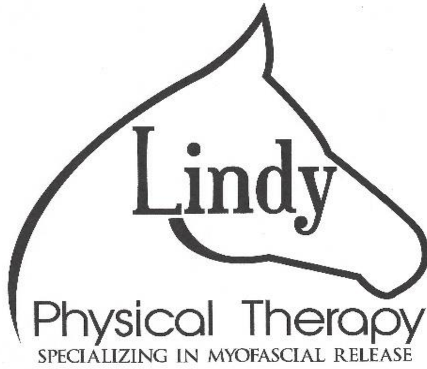

Physical Therapy Referral

Sharon Lindy, PT **Kim Mitchell, PT**

519 S Carroll Blvd, Suite 103

Denton, TX 76201

Phone: 940.372.1072

Fax: 940.243.0173

www.LindyPhysicalTherapy.com

Patient Name:	Date of Birth:
Address:	Phone:
Diagnosis:	ICD 9/10:

__________ Eval and Treat __________ X per week for __________ weeks

Physical Therapy:

__________ Pediatric Theraputic Activity __________ Pediatric Theraputic Exercise

__________ Range of Motion

__________ Myofascial Release __________ Manual Therapy

__________ Vestibular Rehabilitation __________ Balance Training

__________ Gait Training __________ Strength Training

Physician Signature:		Date:
Physician Phone:	Fax:	