



# Physical, Occupational, & Speech Therapy Outpatient Services

1441 Park Ave Suite A, Cranston RI 02920  
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## Physician Referral Form

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis \_\_\_\_\_

Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Physical Therapy     Occupational Therapy     Speech Therapy  
 Evaluate and treat as necessary

- Balance and Strength Training     Range of Motion  
 Fall Prevention     Therapeutic Exercise  
 Neuromuscular Reeducation     Functional Training/Dynamic Activities  
 Traction Therapy     Postural/Body Mechanics

Modalities \_\_\_\_\_

Other \_\_\_\_\_

Physician Signature \_\_\_\_\_

Physician Printed Name \_\_\_\_\_

Physician Office Phone \_\_\_\_\_