

Physical Therapy & Rehabilitation Referral

Please complete form, print, sign, then fax to correct location.

Referring Clinic Name

Address

Phone

Fax

All Fields Required

Date*

Patient Name*

DOB*

First Name

Last Name

Diagnosis*

ICD-9*

Authorization #

(Indicate 'none' if not required)

Service Date Range*

Of Visits Approved*

Insurance*

(Please submit patient face sheet with demographics and copies of insurance cards.)

Frequency*

Duration*

X times per week

X many weeks

Ordering Physician*

First Name

Last Name

Title

Physician Signature*

Step 1: Please Check Service

Physical Therapy (97001)

Wheelchair Evaluation (97542)

Occupational Therapy (97003)

Pre-Driving Assessment (97750)

Swallow Evaluation (92610)

Evaluation of speech and receptive/expressive language (92523)

Cognitive-Linguistic (92522)

Step 2: Please Check & Fax to Location

Central Reno

Sparks

South Meadows

901 E. 2nd St. 101
Reno, NV 89502

910 Vista Blvd.
Sparks, NV 89434

10101 Double R Blvd.
Reno, NV 89521

P: 775-982-5001
F: 775-982-5011

P: 775-982-5998
F: 775-982-6491

P: 775-982-7210
F: 775-982-7211