



A P M I
Physical Therapy and Fitness Center

FAX REFERRAL
301-215-4157

Prescription for Physical Therapy

Patient: _____

Patient Phone Number : _____

Diagnosis : _____

_____ IDC10 Code : _____

Evaluation and treat

Posture Analysis

Balance and Gait Training Programs

Special Instructions: _____

Precautions & Limitations: _____

Frequency: _____ Session(s)/Week for _____ Week(s)

Date Patient to Return to Doctor: _____

Ordered by: _____

Date: _____

APMI Physical Therapy & Fitness Center

5454 Wisconsin Avenue Suite 1600, Chevy Chase, MD 20815

7501 Greenway Center Drive Suite 680 Greenbelt, MD 20770

Tel: 301-220-1333

Fax: 301-220-1533

www.APMIphysicaltherapy.com