

Marcia Clarke, DPT, COMT, IDN
Jennifer Vogler, DPT
Doug Sarver, MS-PT



7730 E Belleview Ave
Suite A-200
Greenwood Village, CO 80111
PH: 303-327-5511
FX: 303-327-5512

Physical Therapy Referral

_____ Acute _____ Sub Acute _____ Chronic _____ Post Op

Date: _____

Patient Name _____

Diagnosis _____ ICD-9 _____

Date of Surgery: _____ Surgical Procedure: _____

Imaging _____

_____ Evaluate & Treat

_____ IMT / Trigger Point Therapy / Dry Needling

_____ Manual Therapy / Soft Tissue

_____ Stabilization

_____ Strengthening

_____ Joint Mobilization / MET

_____ McKenzie

_____ Gait Analysis / Training

_____ Balance Training

_____ Modalities

_____ Traction

_____ Golf Swing Evaluation

_____ Orthotics Evaluation

Other Treatment

Instructions _____

Frequency: _____ X's week / _____ weeks

Letter of medical necessity – Physical therapy for this patient, as an outpatient, is medically necessary and required to regain and/or maintain strength and function.

Physician Signature _____ Date _____