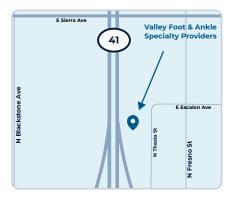


Physical Therapy Referral Form Constantine Makredes, PT, DPT Allison Sierze, PTA

Patient Information	
Patient Name:	Phone Number:
Insurance:	DOB:
Physician:	Diagnosis:
Evaluate and Treat: Frequency of Tre	eatment: Days a week, for weeks
Modalities	
 At Therapist's Discretion Hot/Cold Packs Ultrasound 	 Electrical Stimulation Traction
Physical Therapy	
 Balance Disorders / Fall Risk Functional Training Lower Extremity Rehabilitation Neck Pain Low Back Pain Post Motor Vehicle Accidents Sports Specific Strengthening 	 Stroke Rehabilitation Upper Extremity Rehabilitation Work Hardening Programs Work Injury Programs & Rehabilitation

Provider Signature:_



Date:_____

Call us to make an appointment

Office: 559-436-4820 Fax: 559-436-4821 PT Location: 6145 N Thesta St, Fresno, CA 93710 Learn More: valleyfootankle.com

New Location Opening Soon! 988 N. Temperance Ave Clovis, CA 93611







We Accept Most Insurance Plans







UnitedHealthcare®

For Epic Users:

- ⊘ Set "To department" to Valley Foot Ankle PT
- Set "To Department Specialty" to Physical Therapy

Physical Therapy- I	NON CMC	✓ Accept X Cancel
Class:	External Referral Inco	ming Referral Internal Referral
Referral:	To Department:	VALLEY FOOT ANKLE PT O PHYSICAL THERAPY CCMC
	To Department Specialty	Physical Therapy
	To Provider:	م
	Reason:	Specialty Services Required O Specialty Services Required Second Opinion Patient Preference
	Priority:	Routine P Routine Urgent Elective
	Туре:	Consult, Test & Treat O Consult, Test & Treat

For Non-Epic Users:

- Please fax to 559-436-4821
- ⊘ Visit our website valleyfootankle.com/physical-therapy for more information on our services, location, and providers.