

IMPACT REHABILITATION & SPORTS MEDICINE



PATIENT REFERRAL

Name: _____

Diagnosis: _____

DOB: _____ SSN: _____

Home Phone #: _____

Insurance: _____

HELPFUL HINTS:

* Bring your physician referral on your first visit.

* Wear loose fitting shorts and tee shirts each visit.

* Expect each visit to last from 45min to 1.5 hours

If you cannot attend a scheduled appointment, simply call ahead and we will be happy to reschedule.

EVALUATE AND TREAT

Please see _____ x per week for _____ weeks.

Physician Signature

101 Carrington Lane Suite C
Calera, Alabama 35040
Phone 205-621-3077/Fax 205-621-3788
Off the Shelby County Airport Exit

Date

Take I-65 to Exit 234. Turn South on Hwy 87 and go through the light at Central State Bank. Follow to Carrington Lane on the Right.