Absolute
Physical Therapy

AccessWellness Center • 316 State Street, Bangor, ME 04401
(207) 942-2233 • (207) 262-1130 fax

PHYSICAL THERAPY REFERRAL FORM

Referring provider or facility: _____

_____

Phone Number: _____

Provider Upin # _____

Patient Name _____

Phone Number (h)_____(w)_____

Diagnosis _____

Insurance _____

Does insurance require referral? Y N

If yes, referral number(s): _____

Services requested:

[ ] Physical Therapy Evaluation & Treatment

[ ] As needed or

[ ] time frame/# of visits_____

[ ] Iontophoresis

*Patient will also need script for Dexamethasone (4 mg/30 ml)

[ ] Other _____

_____

Provider Signature_____