

PACIFIC MEDICAL GROUP

PACIFIC SPINE & REHAB

95 Lono Avenue, Suite 106 Kahului, HI 96732

Physical Therapy
Massage Therapy



Mon thru Sat
Office: 808-873-8866
Fax: 808-873-9646

REFERRAL FOR:

☐ PHYSICAL THERAPY

☐ MASSAGE THERAPY

☐ WORKER'S COMPENSATION TREATMENT PLAN

☐ NO-FAULT

☐ PRIVATE INSURANCE

☐ OTHER

Patient Name: _____ Phone/Cell: _____

Diagnosis: _____

Precautions/Comments: _____

Injury Date: _____ Surgery Date: _____ DOB: _____

Insurance Company: _____ Claim #: _____

EVALUATIONS: ☐ Evaluate and Treat (with re-evaluation every 30 days) ☐ Functional Capacity Evaluation
☐ Work Conditioning/Hardening

FREQUENCY AND DURATION: _____ times/week for _____ weeks.

SPECIAL INSTRUCTIONS:

Printed Physician Name: _____ Phone: _____

Physician's Signature: _____ Date: _____