Physical Therapy Referral

Fax 865-577-8147

YOUR SOUTH KNOXVILLE CHOICE

4011 Chapman Hwy., Ste. J
Knoxville, TN 37920
www.foothillspt.us

Ph 865.573.6458
Fax: 865.577.8147

Ryan Dulling, PT, DPT
Doctor of Physical Therapy
Aryan@foothillspt.us

Forrest Dyer, DPT
Doctor of Physical Therapy
forrest@foothillspt.us

PATIENT INFORMATION

Name____________________________________

Diagnosis/Condition______________________________

TREATMENT PLAN

☐ Evaluate and Treat

☐ Custom Orthotics

☐ Modalities ____________________

☐ Exercises ____________________

☐ Western Dry Needling

Frequency _____ days/wk Duration _____ wks

Special Instructions/Precautions __________________________

____

Physician's Name__________________________________
(please print)

____

Physician's Signature Date

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Please fax patient demographics and insurance information, or complete the information below.

DOB ________ - ________ - ________

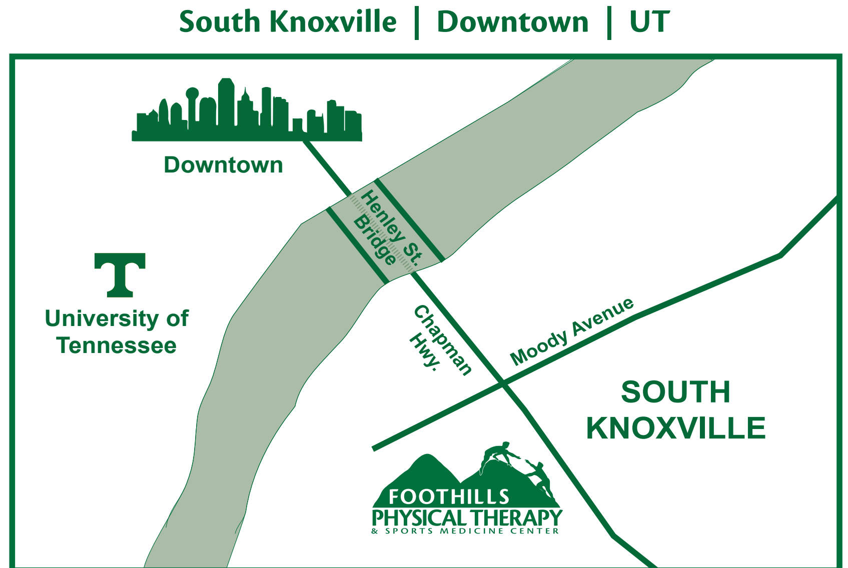
Phone ____________________________

Health Insurance Co.

____

ID# ______________________________

South Knoxville | Downtown | UT



1.3 miles from Henley Street Bridge

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Notes / Special Instructions:

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