



BALANCE CHICAGO

1 E. ERIE ST STE 225
CHICAGO, ILLINOIS 60611
PHONE: 773.525.5200 FAX:773.525.5276

Patient Name: _____ **Date:** _____

Phone: _____

Diagnosis: _____

Frequency and Duration: ___ Times Per Week For ___ Weeks.

Evaluate and Treat Per Therapist Discretion

Physical Therapy

Chiropractic Care

Vestibular Testing

Other

Custom Molded Orthotics

Mechanical Cervical Traction Machine

TENS Unit

Additional Comments/Instructions _____

In Making this referral, Medical Provider Certifies that prescribed rehabilitation is medically necessary.

Physician's Signature _____