

1 E. ERIE ST STE 220 CHICAGO, ILLINOIS 60611 PHONE: 773.525.5200 FAX:773.525.5276

Patient Name: _____Date: _____ Phone: Diagnosis: ____ Diagnosis: _____ 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

Physician's Signature_____

medically necessary.