

Physician Referral for Physical Therapy

Patient Name: _____ DOB: _____

Patient Phone #: _____ ICD-10 Code: _____

Diagnosis: _____

Surgical Procedures: _____

Patient Insurance: _____ Insurance Phone #: _____

PHYSICAL THERAPY

- | | | |
|---|--|---|
| <input type="checkbox"/> Evaluate and Treat | <input type="checkbox"/> Therapeutic Exercise | <input type="checkbox"/> Custom Orthotics |
| <input type="checkbox"/> Modalities as indicated | <input type="checkbox"/> Home Exercise Program | <input type="checkbox"/> ASTYM |
| <input type="checkbox"/> Joint and Soft Tissue Mobilization | <input type="checkbox"/> Other: _____ | |

Frequency: Daily 4X 3X 2X 1X

Duration: 2 weeks 3 weeks 4 weeks 5 weeks 6 weeks

Notes: _____

Physician follow-up date: _____ Physician phone #: _____

Physician name printed: _____

Physician signature: _____ Date: _____

Accepted Insurance Plans

We accept over 1,500 insurance carriers and participate with many local provider networks. If you do not see a provider listed, we can verify insurance for you. For quick and easy verification, please call **(520) 747-9225**.

- | | | |
|------------------------------|------------------|-------------------------|
| ■ Aetna | ■ Cigna | ■ Medicare |
| ■ Arizona Care Network (ACN) | ■ Connected Care | ■ TriCare WEST ** |
| ■ AHCCCS | ■ Devoted | ■ TriWest ** |
| ■ AZ Complete Health | ■ GEHA ASA | ■ Workers' Compensation |
| ■ Banner Health | ■ Humana | |
| ■ Blue Cross Blue Shield | ■ Liens | |

Centralized



Services

- Physical Therapy
 - Pre/Post-Surgical Rehabilitation
 - Acute Injury Management
 - Chronic Injury Management

Specialties

- Sports Physical Therapy
- Pediatric Orthopedic Physical Therapy
- Geriatric Physical Therapy
- Spine Specialty
- 🖐️ Hand Therapy & Custom Splinting *(North Central location only)*
- Pelvic Floor Physical Therapy *(Central location only)*
- Instrument Assisted Soft Tissue Mobilization
- Temporomandibular Joint Dysfunction (TMJ)
- Trigger Point Dry Needling
- Kinesio Taping
- Cupping
- Vestibular Therapy
- Post-Concussion Therapy
- Blood Flow Restriction Therapy
- Workers' Compensation
- Work Hardening

1. Central

3305 N Swan #115, Tucson, AZ 85712
P (520) 321-0204 F (520) 321-0495

Cross streets: N Swan Rd and E Camp Lowell

4. Marana

7575 W. Twin Peaks Rd #155, Tucson, AZ 85743
P (520) 744-6445 F (520) 742-5252

Cross streets: W Twin Peaks Rd and N Coachline Rd

7. Oro Valley

10550 N. La Canada Dr #160, Oro Valley, AZ 85737
P (520) 547-2476 F (520) 547-2480

Cross streets: N La Canada Dr and W Lambert Rd

2. East

8820 E. Broadway Blvd, Tucson, AZ 85710
P (520) 829-7741 F (520) 829-7751

Cross streets: E Broadway Rd and N Camino Seco Rd

5. North Central

7601 N. Oracle Rd #101, Tucson, AZ 85704
P (520) 293-5551 F (520) 293-6638

Cross streets: N Oracle Rd and W Magee Rd

8. South

1680 W. Irvington Road #1, Tucson, Arizona 85746
P (520) 623-5551 F (520) 624-7091

Cross streets: S Mission Rd and W Irvington Rd

3. Green Valley

1055 N. La Canada Dr #123, Green Valley, AZ 85614
P (520) 462-0439 F (520) 462-0438

Cross streets: W Camino Casa Verde and N La Canada Dr.

6. NorthWest

8770 N. Thornydale Rd #100, Tucson, AZ 85742
P (520) 742-7107 F (520) 742-9010

Cross streets: N Thornydale Rd and W Hardy