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Bruce O'Dell MOT, CFCE, CEP, CBES

Referral

Patient Name	Date
Diagnosis	
Special Instructions	
☐ Functional Capacity Evaluation	☐ Ergonomic Evaluation
☐ Work Conditioning	☐ Post Offer Employment Screen
☐ Hand Therapy	☐ Fit For Duty
☐ Job Site Evaluation	☐ Occupational Therapy Services
☐ Evaluate and Treat	
Other	
The services provided by IMS as re	ferred are medically necessary and
required by the patient.	refred the medically necessary and
Physician	
Physician	
■397325	Texas Ave. Memorial Dr. Alexandria Mall
Scan code to see our locations.	Sefferson Huy