



ALEXANDRIA CLINIC

Bart Jones, DPT
Julia Harrison - Sketo, DPT, C/NDT, GCS
Marcus Walker, DPT, OCS
Patricia Mathews, PT
Brittica Hackney, DPT
Brittany Fulmer, DPT
Taylor Goudeau, DPT
Bruce O'Dell, MOT, CFCE, CEP, CBES

PINEVILLE CLINIC

Juliana Meeker, DPT, OCS
Mia Smith, DPT
Daultin Burkett, DPT

SHREVEPORT CLINIC

Don Cassano, DPT, OCS
Madeline Osborn, DPT

BOSSIER CLINIC

Mark Hart, PT
Jeff Phillips, PT
Ashley Keel, DPT
Mary Watts, DPT

Referral for Physical or Occupational Therapy

Patient Name _____ Date _____

Diagnosis _____

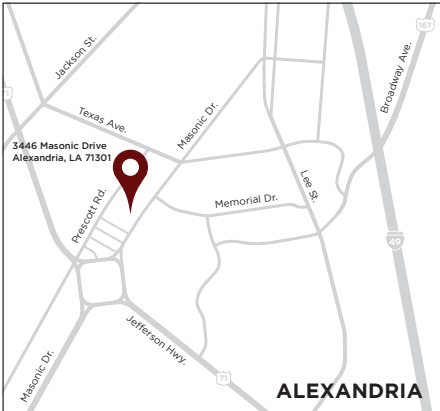
Frequency of Treatment _____ times a week for _____ weeks

Evaluate and Treat

Special Precautions/Instructions:

The rehabilitation services provided as outlined above are medically necessary and required by the patient.

Signature _____



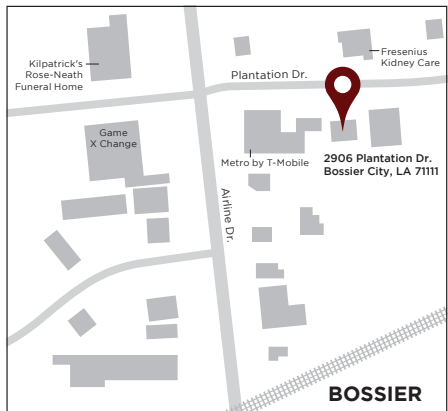
3446 Masonic Drive
Alexandria, LA 71301
P: 318.443.3311 • F: 318.443.0023



2913 Monroe Hwy., Suite B
Pineville, LA 71360
P: 318.545.6264 • F: 318.545.6814



8660 Fern Avenue, Ste. 160
Shreveport, LA 71105
P: 318.631.7999 • F: 318.631.9528



2906 Plantation Drive
Bossier City, LA 71111
P: 318.746.5295 • F: 318.746.5297