

**ALEXANDRIA CLINIC**

Bart Jones, PT, DPT
Marcus Walker, PT, DPT, OCS
Patricia Mathews, PT
Brittany Fulmer, PT, DPT
Taylor Goudeau, PT, DPT
Madi Hebert, PT, DPT, CSCS
Bruce O'Dell, MOT, CFCE, CEP, CBES

PINEVILLE CLINIC

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

SHREVEPORT CLINIC

Mark Hart, PT
Madeline McCaughey, PT, DPT

BOSSIER CLINIC

Jeff Phillips, PT
Ashley Keel, PT, DPT
Mary Lazarone, PT, DPT
Josh Simmons, PT, DPT

Referral for Physical or Occupational Therapy

Patient Name _____ Date _____

Diagnosis _____

Frequency of Treatment _____ times a week for _____ weeks

☐ **Evaluate and Treat**

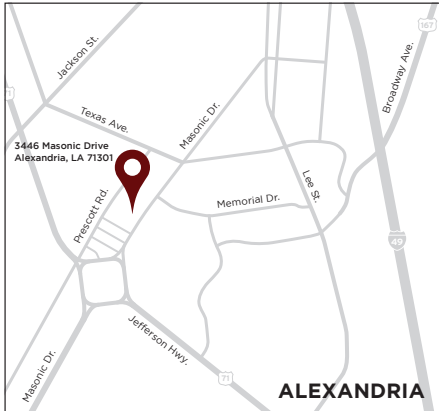
Special Precautions/Instructions:

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

Signature _____



PHYSICAL
THERAPY



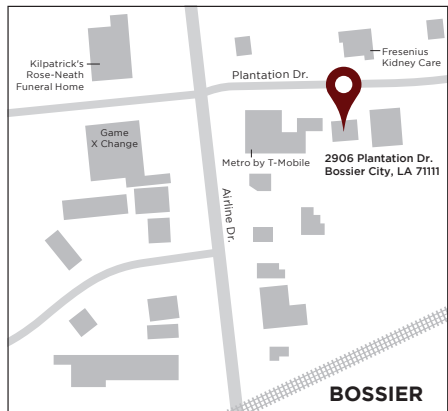
3446 Masonic Drive
Alexandria, LA 71301
P: 318.443.3311 • F: 318.443.0023



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



8660 Fern Avenue, Suite 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

ElitePTLA.com