

Referral Form

Please print this form and give to your referring provider and ask them to fax it to 414-778-1342 or bring it in on your initial visit.

Specialized Therapy Services

2711 N. 92nd St. ♦ Milwaukee, WI 53222
Phone: 414-778-1341 ♦ Fax: 414-778-1342

Patient Name: _____

Referring Doctor: _____

Frequency of Treatment: 2x/ week 3x/ week other _____

Duration of treatment: 6 sessions 12 sessions 18 sessions other _____

Working Diagnosis	Code

Please provide a Comprehensive Myofascial Release Therapy Program for this patient, including manual therapy techniques, neuromuscular reeducation, therapeutic activities, massage, and therapeutic procedures.

Additional Comments:

Doctor Signature

Date

WI State law 4.03(2)(b) states that an Occupational Therapist can accept referrals from an MD, Chiropractor, Psychologist, Dentist, Advanced Practice Nurses, Optometrists and Physician Assistants. If you have questions regarding a referral please call 414-778-1341.