

REFERRAL CARD



**BETTER
STRONGER
FASTER**

Patient's Name _____

D.O.B. _____ Home Phone _____ Cell Phone _____

Diagnosis _____

Date of Injury/Surgery _____

Precautions/
Special Instructions

SERVICE PRESCRIBED

Active Release Technique
Graston Technique
Fascial Stretch Therapy

Whiplash Treatment
Medical Massage
Chiropractic Adjustment
Traction

Light Force Laser Therapy
Physical Therapy
Dry Needling
Performance Training