

# ADVANTAGE PHYSICAL THERAPY

22995 Mill Creek Drive  
Laguna Hills, CA 92653  
PH: (949) 305-8200 / FAX (949) 305-2211  
[www.AdvantagePTonline.com](http://www.AdvantagePTonline.com)  
Serving South Orange County

Jacquie Maroun, PT, CLT  
Jan Menegio, DPT

Referring: Patient Name \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Special Instructions / Precautions: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Evaluate and Treat                     | <input type="checkbox"/> Therapeutic Exercise                    |
| <input type="checkbox"/> Ultrasound / Phonophoresis             | <input type="checkbox"/> Neuromuscular Re-education              |
| <input type="checkbox"/> Electrical Stimulation / Iontophoresis | <input type="checkbox"/> Posture / Body Mechanics                |
| <input type="checkbox"/> Traction (Manual / Mechanical)         | <input type="checkbox"/> Balance Activities / Gait Training      |
| <input type="checkbox"/> Low Level LASER Therapy                | <input type="checkbox"/> Back Stabilization / Pilates / Reformer |
| <input type="checkbox"/> Manual Therapy / Joint Mobilization    | <input type="checkbox"/> Pelvic Rehabilitation                   |
| <input type="checkbox"/> Hot Pack / Cold Pack                   | <input type="checkbox"/> Other: _____                            |

Treat: \_\_\_\_\_ times weekly for \_\_\_\_\_ weeks.

Prescribing Doctor: \_\_\_\_\_ NPI: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you  
for the  
Referral!*

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