



Physical Therapy Referral

Sharon Lindy, PT

2412 Old North Road, Suite 100B

Denton, Tx. 76209

Phone: 940-372-1072

Fax: 940-637-2694

www.Lindyphysicaltherapy.com

Patient Name: _____ Date of Birth: _____

Diagnosis _____ ICD10: _____

_____ P.T. Eval and Treat _____ x per week for _____ weeks

Physical Therapy:

_____ Myofascial Release _____ Manual Therapy
_____ Vestibular Rehabilitation _____ Balance training
_____ Gait training _____ Strength training
_____ Women's Health – may use internal techniques to address pelvic floor

Physician Signature: _____ Date: _____

Physician phone: _____ Fax: _____