



ADVANCE PHYSICAL THERAPY

Certified Postural Restoration Center

77 South Elliott Road, Chapel Hill, NC 27514 Phone: 919.932.7266 Fax: 919.932.7250

Referral for Physical Therapy

Patient Name _____ DOB _____

Patient Address _____

Patient Phone: Primary _____ Alternate _____

Primary Insurance _____ Policy ID _____

Secondary Insurance _____ Policy ID _____

Primary Diagnosis _____ ICD-10 Code _____

Secondary Diagnosis _____ ICD-10 Code _____

Services Requested:

Evaluate and Treat Resume Physical Therapy Plan of Care Continue PT per Plan of Care

Recommendations include:

- Postural Restoration Vestibular Therapy Sports Medicine
 Schroth Method for Scoliosis Manual Therapy Balance / Gait Training
 Pediatric Physical Therapy Other _____
 Post-Op _____ for post-op referrals, please include Operative Report & Protocols

Precautions _____

Requested Frequency _____ time(s) / week x _____ weeks

Referring Provider Name (Please Print) _____

Provider NPI _____

Provider Address _____

Office Telephone _____ Office Fax _____

I certify that the Physical Therapy services above are medically necessary and approved by me.

Provider Signature _____ Signed Date _____

Effective Date _____