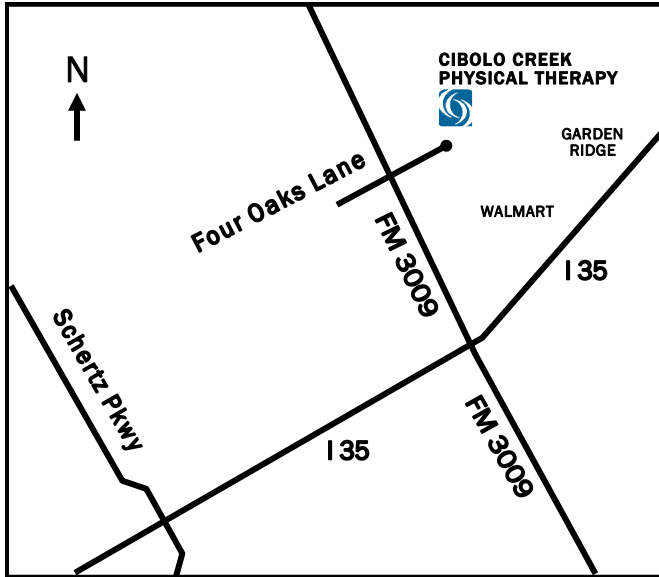




# CIBOLO CREEK PHYSICAL THERAPY

Jeff Borcik, PT, DPT, ATC, LAT

6032 FM 3009 #130 Schertz, TX 78154 PHONE 210.781.4810 FAX 210.314.1145



- MANUAL THERAPY AT EVERY VISIT
- AQUATIC THERAPY
- DRY NEEDLING
- SPINAL DECOMPRESSION

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## PATIENT REFERRAL FORM

Date \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

DIAGNOSIS/ICD-9 CODE: \_\_\_\_\_

EVALUATE AND TREAT

AQUATIC THERAPY

PRECAUTIONS/INSTRUCTIONS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FREQUENCY: \_\_\_\_\_ PER WEEK

DURATION: \_\_\_\_\_ WEEKS

*The prescribed treatment is an appropriate course of treatment  
and is medically necessary for this patient's condition/diagnosis.*

Physician Signature \_\_\_\_\_