EVANS REHABILITATION & WELLNESS

Name _____ Date: _____

Patient Phone # _____

Diagnosis _____

Area To Be Treated _____

❑ **PHYSICAL THERAPY** – Evaluate and Treat

Special Instructions / Precautions _____

_____

❑ **POST–REHAB** – With Certified Personal Trainer

Special Instructions / Precautions _____

_____

_____

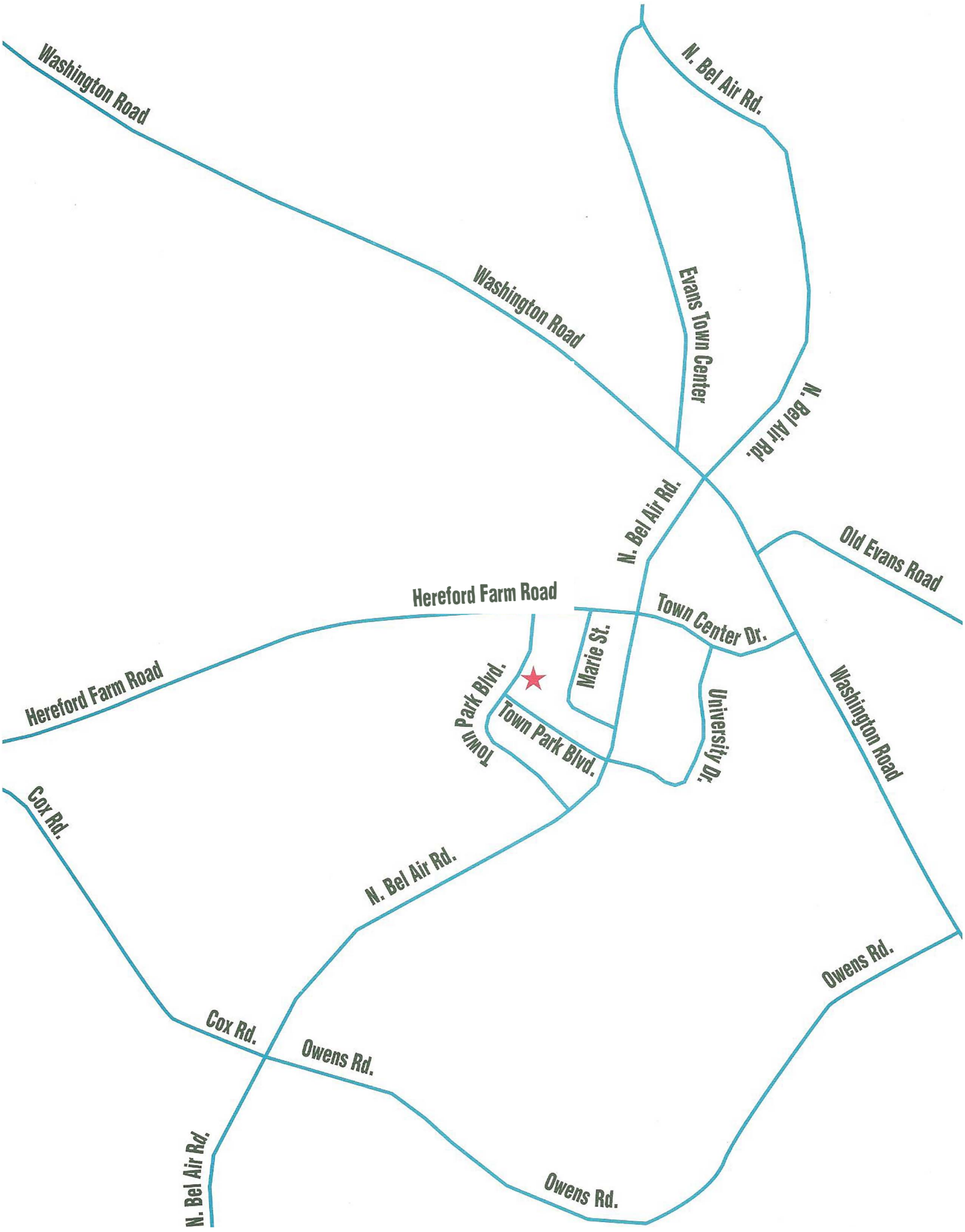
Print Physician's Name _____

Office Phone # _____

_____

I hereby certify that the services indicated
above are medically necessary
REFERRING PHYSICIAN:

415 Town Park Blvd. • Evans, GA 30809 • Phone: (706) 868.1707 • Fax: (706) 868-1351
www.evansrehab.com • www.healthquestfit.com


Washington Road
N. Bel Air Rd.
Washington Road
Evans Town Center
N. Bel Air Rd.
N. Bel Air Rd.
Old Evans Road
Hereford Farm Road
Town Center Dr.
Hereford Farm Road
Marie St.
Town Park Blvd.
Town Park Blvd.
University Dr.
Washington Road
Cox Rd.
N. Bel Air Rd.
Owens Rd.
Cox Rd.
Owens Rd.
N. Bel Air Rd.
Owens Rd.