



ADVANCE REHABILITATION

PHYSICAL THERAPY

A team approach to healthy living

www.advancerehab.com

Patient Referral

ATLANTA REGION

COLUMBUS

2045 Centre Stone Ct, Unit B
Columbus, GA 31904
phone (706) 507-3794
fax (706) 507-3681

DACULA

3511 Braselton Hwy, Suite G-200
Dacula, GA 30019
phone (404) 367-2082
fax (770) 932-3577

GREENSBORO

1000 Cowles Clinic Way, Suite D-100
Greensboro, GA 30642
phone (706) 454-1394
fax (706) 454-1397

JASPER

620 J.L. White Dr, Suite 110
Jasper, GA 30143
phone (706) 692-9080
fax (706) 692-1199

MARIETTA CENTRAL

1809 Canton Rd, Suite 600
Marietta, GA 30066
phone (404) 367-2086
fax (678) 213-1705

MARIETTA EAST

1000 Johnson Ferry Rd, Suite A-115
Marietta, GA 30068
phone (770) 321-4720
fax (770) 579-7060

MIDTOWN

550 Peachtree St, Suite 1760
Atlanta, GA 30308
phone (404) 367-2095
fax (404) 817-0737

STOCKBRIDGE

1109 Eagles Landing Pkwy
Stockbridge, GA 30281
phone (404) 367-2096
fax (678) 593-3013

SUWANEE

1180 Satellite Blvd, Suite 100
Suwanee, GA 30024
phone (404) 367-2080
fax (770) 495-3493

Patient Name: _____ Patient Number: _____

Diagnosis: _____

Surgical Procedure: _____

Consult: Evaluate & Treat

Precautions / Recommendations

Frequency: _____ Duration: _____

MODALITIES

- Heat/Cold
- Electro-Stimulation
- Ultrasound
- Massage/Manual
- Iontophoresis
- Traction

TRAINING

- Gait
- Balance
- ADL/Transfer
- Body Mechanics

EXERCISE

- Passive ROM
- Active ROM
- Resisted ROM
- Spine Stabilization
- Home Exercise Program

SPECIALTY

- Hand Therapy
- Work Hardening
- F.C.E.

I certify that therapy services for the above named patient are required, medically necessary and authorized by me.

Next appointment with physician: _____

Physician Signature: _____ Date: _____

DO NOT EMAIL PRESCRIPTION The electronic prescription form is provided for your convenience. With respect to responding to this form, please do not send the prescription via email. Please populate, print and sign a hardcopy that may be faxed, mailed or hand delivered to the clinic.



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NORTH GEORGIA REGION

ADAIRSVILLE

7423 Adairsville Hwy, Adairsville, GA 30103
phone (770A) 773-9315 • fax (770) 773-9317

CALHOUN

136 West Belmont Drive SW, Calhoun, GA 30701
phone (706) 625-0662 • fax (706) 625-0582

CEDARTOWN

1108 N Main St., Cedartown, GA 30125
phone (770) 749-0250 • fax (770) 749-0086

CHATSWORTH

1422 Green Rd, Ste. N, Chatsworth, GA 30705
phone (706) 695-9699 • fax (706) 695-1623

SUMMERVILLE

11638 Highway 27, Ste. 1, Summerville, GA 30747
phone (706) 857-6366 • fax (706) 857-6372

ROCKMART

1081 Nathan Dean Pkwy, Rockmart, GA 30153
phone (678) 757-1899 • fax (678) 757-1898

ROME

224 Shorter Ave, Rome, GA 30165
phone (706) 235-2727 • fax (706) 235-2726

SOUTH GEORGIA REGION

BRUNSWICK

4204 Coral Park Dr, Brunswick, GA 31520
phone (912) 280-9205 • fax (912) 280-0022

FERNANDINA

1897 Island Walk Way, Ste. 5, Fernandina Beach, FL 32304
phone (904) 261-4664 • fax (904) 261-5852

FOLKSTON

215 First Street, Folkston, GA 31537
phone (912) 496-7842 • fax (912) 496-4617

KINGSLAND / ST. MARY'S

100 A Lindsey Lane, Kingsland, GA 31548
phone (912) 729-1333 • fax (912) 729-5259

ST. SIMONS

212 Retreat Village, Saint Simon, GA 31522
phone (912) 638-1444 • fax (912) 638-0077

YULEE

463688 State Rd 200 (A1A) Ste. 9, Yulee, FL 32097
phone (904) 261-4414 • fax (904) 261-4614

JUST A REMINDER:

Please bring this referral slip with you on your first visit.

Please arrive 15 minutes before your scheduled appointment to complete the necessary paperwork.

Evaluations (1st visit) usually last 1 hour.

WHAT TO WEAR:

Please wear/bring comfortable clothing and sneakers including T-shirts and shorts or sweatpants.

Advance Rehabilitation is featured on

PTandMe.com

*An informational site for patients interested
in or considering physical, occupational, and/or hand therapy.*
