



PHYSICAL THERAPY OPTIONS, PC

226 SEVENTH STREET * SUITE 101 * GARDEN CITY, NY 11530

PHONE: 516.747.1520

FAX: 516.747.1552

WWW.PTOPTIONS.COM

PEDIATRIC PHYSICAL THERAPY REFERRAL

Patient _____

DX: Torticollis R L 723.5

DX: Other _____

_____ times/week for _____ weeks

Manual Therapy _____

Therapeutic Exercise _____

Balance Training _____

Stretching/Flexibility _____

ROM (SCM) _____

TAMO _____

TOT Collar _____

Positioning/Handling _____

Family Training _____

MD Comments/Precautions: _____

MD Name _____ Date _____

MD Signature _____ Tele _____

Address _____

NPI _____