



BATON ROUGE PHYSICAL THERAPY

IN PARTNERSHIP WITH OUR LADY OF THE LAKE

PHYSICAL THERAPY REFERRAL

Patient Name: _____ DOB: _____

Patient Phone: (Home) _____ (Cell) _____

PT - Eval & Treat

PT - Pre-op Rehab

Frequency: _____ x's per week Duration: _____ weeks

ICD-10 Code(s): _____

Post-op Patient? Y N Date of Surgery? _____

Type of Surgery? _____

Special Instructions/Precautions: Y (please explain) N

Referring Provider Signature: _____

Please Print Name: _____

Date: _____ Contact Number: _____

Thank you for your referral!



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BRPTLAKE.COM  



ASCENSION

GONZALES

1227 East Highway 30
Gonzales, LA 70737
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F: 225.647.2062

BATON ROUGE

BRITTANY

5222 Brittany Drive, Ste. A
Baton Rouge, LA 70808
P: 225.769.3898
F: 225.231.3813

CITIPLACE

2600 CitiPlace Court, Ste. 100,
Baton Rouge, LA 70808
P: 225.231.3800
F: 225.231.3803

JONES CREEK

4802 Jones Creek Road, Ste. B
Baton Rouge, LA 70817
P: 225.756.4844
F: 225.755.0621

LIVINGSTON

DENHAM SPRINGS

2250 Home Depot Drive
Denham Springs, LA 70726
P: 225.667.6598
F: 225.664.8167