

Patient Label

Physical Therapy:

1450 Poydras Street, First Floor Phone: 504.903.5064
New Orleans, LA 70112 FAX: 504.903.5010

Fax referral to PT (903-5010) and provide a copy of this referral for the patient to bring to the appointment

From: BMC EKL LJC LAK ILH UMC WOM Other: _____

Attending Provider: _____ ID Number: _____

Patient's Name: _____ Date of Referral: ____/____/____

Date of Birth: ____/____/____ Medical Record Number: _____

Mailing Address: _____

1° Contact Number: (____) _____ - _____ 2° Contact Number: (____) _____ - _____

Evaluate and Treat:

Neurologic:

- 854 Brain Injury NOS
- 357.81 CIDP
- 348.30 Encephalopathy, NOS
- 357 Guillane-Barre Syndrome
- 438.2 Hemiparesis + Hemiplegia,
- 340 Multiple Sclerosis
- 357.0 Neuropathy, NOS
- 344.1 Paraplegia
- 344.00 Quadriplegia, NOS
- 434.91 Stroke, ischemic
- 431 Stroke, hemorrhagic
- 435.9 Transient Ischemic Attack
- 386 Vertigo, NOS

Orthopedic, Amputation:

- V49.76 Above the Knee Amputation
- V49.75 Below the Knee Amputation
- V49.71 Great toe V49.72 Other toes

Orthopedic, Arthritis:

- 715.90 Osteoarthritis
- 714.0 Rheumatoid

Orthopedic, Foot:

- 726.71 Achilles tendonitis
- 727.1 Bunion
- 700 Corns and callosities
- 735.9 Deformity of toe, NOS
- 250.60 Diabetic Neuropathy
- 728.71 Plantar Fasciitis
- 729.5 Pain in Foot

Orthopedic, Fractures:

- 829.0 Fracture, unspecified
- 824.8 Ankle Fracture
- 820.8 Hip Fracture NOS
- 821.0 Femur fracture (not hip)
- 822.0 Patellar Fracture, closed

Orthopedic, Shoulder:

Other: ICD: _____ Diagnosis: _____

Clinical History Relevant to this Referral: _____

Precautions: _____

Treatment Specifications: _____

Referring Provider's Signature: _____ ID Number: _____

Contact No.: (____) _____ - _____ Referring Service/Clinic: _____

Fax No.: (____) _____ - _____ Email: _____

OFFICE USE ONLY: Appointment Date: ____/____/____ Time: __:__ am/pm.

If not scheduled, Indicate Reason & Recommendation: _____

Reviewing Provider's Signature: _____ ID Number: _____

Contact Number: (____) _____ - _____

Rev 09/01/09