Physical Therapy Referral

Client Name _________________________________________________ Date _____________________
Client Phone ____________________________________________________________________________
Diagnosis _________________________________________________ ICD-10 Code ________________
Precautions _________________________________________________

- Evaluation & Treatment
- Continue PT
- Rehabilitation
  - Orthopedic
  - Neurologic
  - Vestibular
- Modalities
  - Dry Needling
  - Low Level Laser
  - Cupping
- Industrial
  - FCE
  - Work Conditioning
  - Screen (PPE/RTW)
- Spine Care
- Ultrasound Imaging with Report
- Pelvic Floor Therapy
- Muscle Re-Education (EMG/US)
- Complex Pain Recovery
- Manipulation (Joint / Fascia)
- Temporomandibular Joint Therapy
- Manual Therapy
- AlterG AntiGravity Treadmill

Frequency of Visits:  O  1-2x/week  O  2-3x/week  O  3-5x/week  O  Other ____________________________
Duration of Visits:  O  3 weeks  O  4 weeks  O  __ months  O  Other ____________________________
Report by:  O  Phone  O  Letter  O  As required

Referring Provider: __________________________________________________________________________
Provider’s Signature: ________________________________________________________________________
Phone Number: ________________________________  Fax: _______________________________________

Northern Edge Physical Therapy
984 N Meridian Place, #A, Wasilla, AK 99654
Northern Edge Physical Therapy is conveniently located off of Seward Meridian Pkwy in Wasilla, across from the Capstone Medical Plaza, next to Image Audio.

Clinic hours:
- Monday 7:00 am - 7:00 pm
- Tuesday 7:00 am - 7:00 pm
- Wednesday 7:00 am - 7:00 pm
- Thursday 7:00 am - 7:00 pm
- Friday 7:00 am - 7:00 pm

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Keith Poorbaugh, PT, ScD, OCS, CSCS, CMTPT, FAAOMPT NPI: 1003971037 | Alaska license #1581
Garrick Herr, PT, DPT, CMTPT | NPI: 1992898951 | Alaska license #1779
James Sliwa, PT, DPT, CMTPT | NPI: 1013460625 | Alaska license #112026
Katelyn Carpenter, PT, DPT | NPI: 1578087466 | Alaska license #121703