North Florida Medical Center

Bringing the Care, Back to Healthcare

Patient's Name: _____ Phone: _____ Date: _____

Diagnosis: _____ Onset: _____

Precautions: _____

Rx Frequency: _____ x week for _____ weeks

Location: Orange Park. Arlington, Northside, Southside

Treatment

Physical Therapy

☐ Evaluation and Treat

Comments _____

_____

_____

Physical Medicine

☐ EMC Evaluation

☐ Trigger Point Evaluation

Comments _____

_____

Family Medicine

☐ Evaluation and Treat

☐ Surgical Clearance

☐ Covid 19 Testing

Comments _____

_____

Pain Management

☐ Evaluation and Treat

☐ Epidural Injection

☐ Radio Frequency Ablation

Comments _____

_____

☐ Neurologist ☐ ENT ☐ Dentist ☐ Psychiatrist ☐ Cardiologist

Additional Comments/Instructions

_____

_____

Equipment & Supplies

☐ TENS Unit ☐ Hot/Cold Packs ☐ Cervical Pillow ☐ Lumbar Cushion ☐ Knee Brace

☐ Lumbosacral Custom Fitted Back Support ☐ Cervical Posture Pump ☐ Neck Brace

I certify that the above services, supplies, equipment and/or treatment are required and authorized by:

Referring Physician Name: _____

Referring Physician Signature: _____

Attorney Name: _____

Contact Person: _____ Phone: _____ Fax: _____

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Orange Park, FL 32073

9119 Merrill Rd, Ste 38
Jacksonville, FL 32225

2386 Dunn Ave, Ste 109
Jacksonville, FL 32218

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Jacksonville, FL 32256

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