

Ed Stroman, PT, ATC, CSCS
Dale Mendenhall, DPT, OCS, CSCS

Jordan Sinclair, DPT
Megan Jackson, DPT
Jacob Stromah, DPT



Physical Therapy and Wellness Center

2490 S. Main Street • Red Bluff, Ca 96080
530.529.3636 • fax 530.529.2241 • ptandwellnesscenter.com



Name _____ Date _____

Diagnosis _____

_____ DOS/onset _____

Surgical Procedure _____

- Evaluate and treat at therapist's discretion
- Continuation of PT

Specific Instructions/Precautions _____

Frequency 1x/wk 2x/wk 3x/wk Daily

Duration 1wk 2-4wks 6-8wks _____ wks

Next visit in physician's office _____

Physician signature _____

**located near St.E's Hospital and Tehama Family Fitness*

Thank you for this referral