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**FLOYD COUNTY MEDICAL CENTER**

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**MERCY MEDICAL CENTER**

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**DENNIS GRANT, PT, RVT, RCP**

**BRET KRUTHOFF, DPT ATC, RCP, RVT**

**TROY LOECKLE, DPT, RCP, RVT**

## **PHYSICAL THERAPY REFERRAL**

**NAME:** \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

**EVALUATE AND TREAT**

**NCS/EMG**

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

By prescribing the above rehabilitation, the attending physician has determined this to be medically necessary.