



CUSTOM

PHYSICAL THERAPY

RELIEVING PAIN, RESTORING FUNCTION

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SPARKS

1450 E. Prater Way
 Suite 103
 Sparks, NV 89434
 T: 775.331.1199
 F: 775.331.1180

Patient: _____

Patient Daytime Phone: _____

Diagnosis: _____

Frequency: _____ times per week Duration: _____ weeks

SOUTH RENO

734 S Meadows Pkwy.
 Suite 101
 Reno, NV 89521
 T: 775.853.9966
 F: 775.853.9969

EVALUATE & TREAT

IS THERE ANY INFORMATION WE SHOULD KNOW?

NW RENO

1610 Robb Drive
 Suite D5
 Reno, NV 89523
 T: 775.746.9222
 F: 775.746.9224

www.custom-pt.com

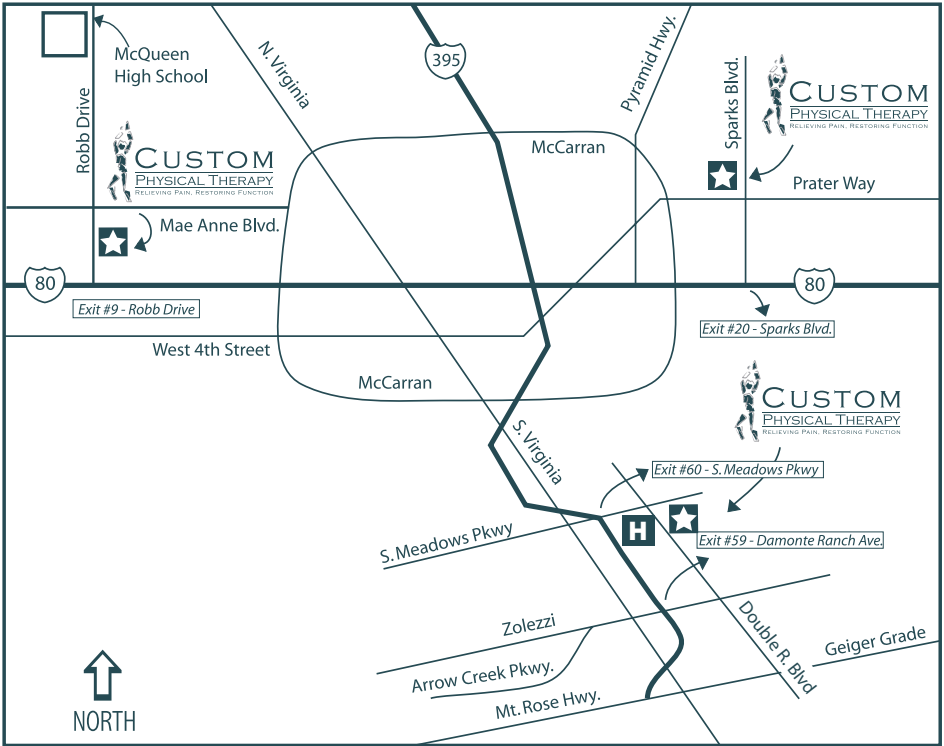
DO NOT EMAIL
 PRESCRIPTION. The electronic
 prescription form is provided for
 your convenience. With respect
 to responding to this form,
 please do not send the
 prescription via email. Please
 populate, print and sign a hard
 copy that may be faxed, mailed
 or hand delivered to the clinic.

The above plan of care is established and will be reviewed every 30 days. I certify the medical necessity of physical therapy.

Physician's Signature: _____

Date: _____

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Just a Reminder

- Please bring this referral slip with you on your first visit.
- Please arrive 20 minutes before your scheduled appointment to complete any necessary paperwork.
- Evaluations (1st visit) usually last 60 to 90 minutes.

What to Wear

Please bring comfortable clothing and sneakers including T-shirts or tank tops and shorts or sweatpants.

What to Bring (Insurance Forms)

- Referral slip from your doctor.
- Insurance Card
- For worker's compensation claim, bring employer information number.