



MD Prescription for Therapy Services

- Requested Services:** Occupational Therapy Physical Therapy Both
Location: In-home Outpatient (Webster / Downtown) Combination
Frequency & Duration: As determined by therapist _____ times per wk for _____ weeks.

Referring MD Information:

Physician's Name	
Group / Practice Name	
Telephone Number	
Fax Number	
Other Number	

Client Information:

Last Name, First, Middle Initial	
Street Address	
City, State, Zip-code	
Telephone Number(s)	

Reasons for Referral:

Related Diagnoses & Onsets	
Related Procedures & Dates	
Reasons (please note any specific treatments/modalities):	

Precautions and Other Information:

MD Signature & Date: _____ - -

Please provide to patient or fax to:

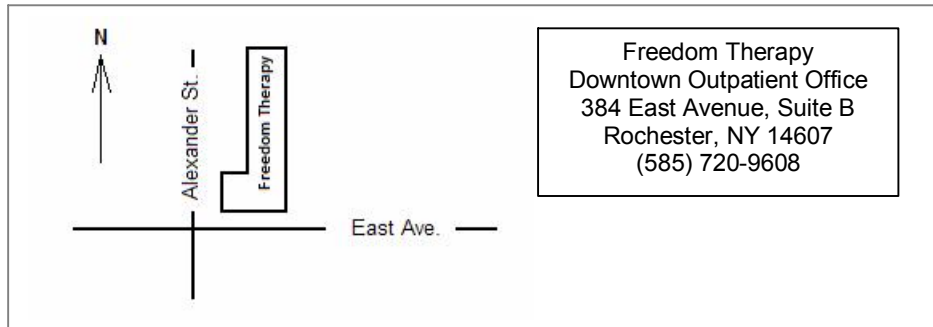
(585) 720-5484

Thank you, your referrals are always appreciated!

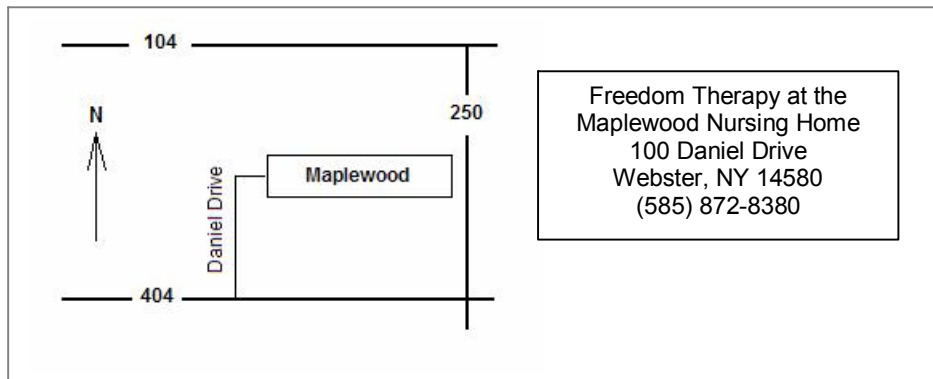
See back of page for locations & maps!

**Outpatient Physical & Occupational Therapy Locations
(including certified hand therapy)**

Downtown



Webster



*If needed, we can also provide therapy services
in the comfort of your home!*



(585) 720-9608

Please note Freedom Therapy is not a home healthcare agency, therefore, clients do not need to be homebound for us to provide in-home therapy services. We can work with individuals in their homes regardless of their homebound status. Just think of us as an outpatient clinic on wheels!

Clients may benefit from a combination of in-home Occupational Therapy and outpatient Physical Therapy to best meet their needs.