TherapySOUTH

PATIENT REFERRAL

PELVIC FLOOR REHABILITATION

Patient Name _____

Date of Birth _____ Phone _____

Email _____

Insurance _____

Additional Information:

_____

_____

_____

_____

Evaluate and Treat

I certify by signature that the following treatment is medically necessary.

Dx _____

Surgery _____ Frequency _____

Treatment _____ Duration _____

_____ _____

Physician Signature *Date* *Physician Name (Print)*

☐ ***Alabaster/Pelham***
3569 Pelham Pkwy,
Suite 7
Pelham, AL 35124
P: (205) 664-8404
F: (205) 664-8559

☐ ***Andalusia***
1811 Western Bypass
Suite B
Andalusia, AL 36420
P: (334) 222-2620
F: (334) 222-2623

☐ ***Auburn***
1530 East Glenn Ave,
Suite C
Auburn, AL 36830
P: (334) 502-7839
F: (334) 502-7879

☐ ***Chelsea***
100 Chelsea Corners Way,
Suite 100
Chelsea, AL 35043
P: (205) 678-7272
F: (205) 678-7279

☐ ***Crestline***
205 Country Club Park
Birmingham, AL 35213
P: (205) 871-0777
F: (205) 871-0701

☐ ***Florence***
3226 Florence Blvd
Florence, AL 35634
P: (256) 275-3312
F: (256) 367-4122

☐ ***Fultondale***
3471 Lowery Pkwy,
Suite 107
Fultondale, AL 35068
P: (205) 849-6566
F: (205) 849-6563

☐ ***Homewood***
1280 Columbiana Road,
Suite 160
Homewood, AL 35216
P: (205) 968-1283
F: (205) 968-1285

☐ ***Huntsville - Airport Rd.***
964 Airport Road,
Suite 10
Huntsville, AL 35802
P: (256) 285-4250
F: (256) 285-4255

☐ ***Huntsville***
6485 University Dr. NW,
Suite C
Huntsville, AL 35806
P: (256) 513-8280
F: (256) 513-8286

☐ ***Jasper***
200 N. Airport Road,
Suite 110
Jasper, AL 35504
P: (205) 387-3266
F: (205) 387-3267

☐ ***Lakeview/Forest Park***
720 32nd Street South
Birmingham, AL 35233
P: (205) 731-2177
F: (205) 731-2519

☐ ***Montgomery***
8117 Old Federal Road
Montgomery, AL 36117
P: (334) 380-5920
F: (334) 380-5921

☐ ***Opelika***
2701 Frederick Road,
Suite 309/310
Opelika, AL 36801
P: (334) 610-0354
F: (334) 610-0355

☐ ***Pell City***
85 Plaza Drive
Pell City, AL 35125
P: (205) 338-6106
F: (205) 814-9180