



INTERNAL
ALCHEMY

(meta) physical experiences

Internal Alchemy, LLC
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Referral for Physical Therapy

Patient Name: _____

Patient DOB: _____ Phone#: _____

Referring MD/Provider: _____

Referring MD/Provider Phone#: _____

MD/Provider Follow-up Date: _____

Patient Diagnosis: _____

Estimated Frequency & Duration: _____

- Evaluate & Treat as per PT discretion
- Internal Pelvic Floor Eval & Treat
- Dry Needling
- Schedule ASAP
- Special Instructions, Goals, or Precautions: _____
- _____
- _____
- _____
- _____

This is a referral to Dr. Laura K. Wilson, PT, DPT of Internal Alchemy, LLC, for the patient listed above. I hereby attest that physical therapy services are medically necessary:

Referring Provider _____ **Date** _____

Please email this referral to us along with any relevant past medical history information. We will contact the patient to schedule.

Thank you for your referral!