



21-14 Newtown Avenue
First Floor
Astoria, NY, 11102
Tel: 718.545.0958

**LEAPS AND BOUNDS PHYSICAL THERAPY AND OCCUPATIONAL
THERAPY, PLLC**

Referral for Physical Therapy

Patient's Name: _____

Dx: _____

Frequency: TIW

Duration: 4 weeks

Doctor's Signature _____

Doctor's Name: _____

Doctor's Address _____

Doctor's Phone _____

Doctor's Fax _____

Stamp



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