



Servicing Patients in their Own Homes

PHYSICIAN REFERRAL

Melissa Rabideau, PT, DPT, MS
Physical Therapist & CEO

Patient's Name: _____

Phone Number

(844) 313-2246

Diagnosis: _____

Fax Number

(517) 598-5705

Precautions: _____

Mailing Address

418 N Main St.
2nd Floor
Royal Oak, MI 48067

PT OT SLP

Evaluate and Treat

Home Program

Work/Functional Conditioning

Therapeutic Exercise

Modalities

Other _____

Website

www.optimalrt.com

Comments: _____

Frequency: ____ x week ____ weeks or ____ visits total

Signature: _____

Date: _____