



# Physical Therapy Referral After Orthopedic Surgery

HOME HEALTH  
REFERRAL  
Fax (254) 628-7905

OUTPATIENT CLINIC  
REFERRAL  
5302 Janelle Drive, Killeen  
Fax (254) 526-8604

**\*\*PLEASE FAX PATIENT DEMOGRAPHICS, INCLUDING FRONT & BACK OF INSURANCE CARD\*\***

Patient's Name: \_\_\_\_\_

Patient's Phone Number: \_\_\_\_\_

CHECK MEDICAL DIAGNOSIS BELOW		<input type="checkbox"/> EVALUATE & TREAT AS INDICATED	
<i>GENERAL DIAGNOSIS</i>		<i>HIP (FEMUR)</i>	
<input type="checkbox"/> Osteoarthritis, Generalized Multiple Sites	(715.09)	<input type="checkbox"/> Pathologic Fracture of Neck of Femur	(733.14)
<input type="checkbox"/> Osteoarthritis, Localized, Primary Pelvic Region and Thigh	(715.15)	<input type="checkbox"/> Pathologic Fracture of Femur	(733.15)
<input type="checkbox"/> Osteoarthritis, Localized, Primary Lower Leg	(715.16)	<input type="checkbox"/> Traumatic Fracture of Neck of Femur	(820)
<input type="checkbox"/> Osteoarthritis, Localized, Secondary of Pelvic Region and Thigh	(715.25)	<input type="checkbox"/> Fracture of Other and Unspecified Parts of Femur	(821)
<input type="checkbox"/> Osteoarthritis, Localized, Secondary of Lower Leg	(715.26)	<input type="checkbox"/> Joint Replaced Hip	(V43.64)
<input type="checkbox"/> Osteoarthritis, Localized, Not Specified Whether Primary or Secondary of Pelvic Region and Thigh	(715.35)	<input type="checkbox"/> Dislocation of Hip	(835)
<input type="checkbox"/> Osteoarthritis, Localized, Not Specified Whether Primary or Secondary of Lower Leg	(715.36)		
<input type="checkbox"/> Osteoarthritis Involving, or With Mention of More Than One Site, But Not Specified as Generalized of Pelvic Region and Thigh	(715.95)	<i>KNEE (LOWER EXTREMITY)</i>	
<input type="checkbox"/> Osteoarthritis Involving, or With Mention of More Than One Site, But Not Specified as Generalized of Lower Leg	(715.96)	<input type="checkbox"/> Dislocation of Patella	(822)
<i>COMPLICATIONS OF JOINT PROSTHESIS</i>		<input type="checkbox"/> Dislocation of Knee	(836)
<input type="checkbox"/> Infection and Inflammation of Joint Prosthesis, Internal	(996.66)	<input type="checkbox"/> Joint Replaced Knee	(V43.65)
<input type="checkbox"/> Complication of Internal Prosthetic Device NEC	(996.70)	<i>SHOULDER</i>	
<input type="checkbox"/> Complication, Mechanical Fixation, External, with Internal Components	(996.49)	<input type="checkbox"/> Traumatic Tear Rotator Cuff	(840.4)
<input type="checkbox"/> Complication, Mechanical Fixation of Internal (Nail, Rod, Plate)	(996.40)	<input type="checkbox"/> Bone Spur	(726.91)

Special Instructions/ Precautions: \_\_\_\_\_

Physician's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

For more information, visit [www.integrityrehab.net](http://www.integrityrehab.net) or call (254) 699-3933.