



BATON ROUGE PHYSICAL THERAPY

IN PARTNERSHIP WITH OUR LADY OF THE LAKE

PHYSICAL/OCCUPATIONAL THERAPY REFERRAL

Patient Name: _____ **DOB:** _____

Patient Phone: (Home) _____ / (Cell) _____

Preferred Patient Contact Time:

Morning (7am-11am) Lunch (11am-1pm) Afternoon (1pm-5pm)

Request: PT (Eval & Treat) PT Pre-op Rehab OT (Eval & Treat)

Frequency: _____ x's per week Duration: _____ weeks

ICD-10 Code(s): _____

Post-op Patient? Y N **Date of Surgery?** _____

Type of Surgery? _____

Special Instructions/Precautions: Y (please explain) N

Referring Provider Signature: _____

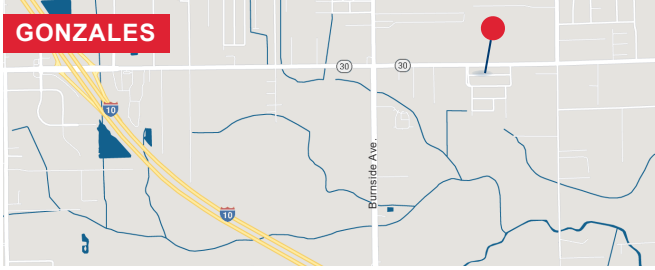
Please Print Name: _____

Date: _____ **Contact Number:** _____

Thank You For Your Referral!

ASCENSION

GONZALES



Gonzales (PT/OT)
1227 E. Highway 30
Gonzales, LA 70737
p 225.647.2060 | f 225.647.2062

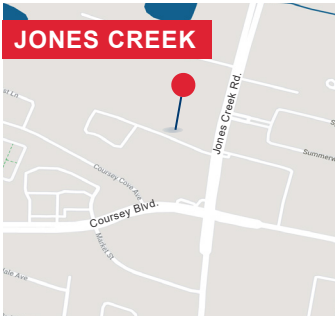
PRAIRIEVILLE



Prairieville (PT)
17057 Commerce Centre Drive
Prairieville, LA 70769
p 225.313.3553 | f 225.313.4996

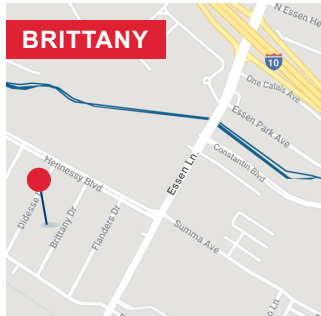
BATON ROUGE

JONES CREEK



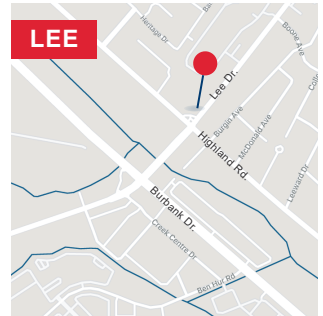
Jones Creek (PT)
4802 Jones Creek Road, Suite B
Baton Rouge, LA 70817
p 225.756.4844 | f 225.755.0621

BRITTANY



Brittany (PT)
5222 Brittany Drive, Suite A
Baton Rouge, LA 70808
p 225.769.3898 | f 225.231.3813

LEE



Lee (PT)
123 Lee Drive
Baton Rouge, LA 70808
p 225.302.5766 | f 225.778.5096

SHADOWS



Shadows (PT/OT)
530 Shadows Lane
Baton Rouge, LA 70806
p 225.231.3800 | f 225.231.3803



LIVINGSTON

DENHAM SPRINGS



Denham Springs (PT)
2250 Home Depot Drive
Denham Springs, LA 70726
p 225.667.6598 | f 225.664.8167