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Spokane Valley, Washington 99206
(509) 413-1630 Fax: (509) 413-1673

<http://www.SynergySpokane.com>

Date: _____

Name: _____ Phone: _____

Insurance Company: _____

Diagnosis(es): _____

Treatment Frequency/Duration: _____

_____ **Physical Therapy: evaluate & treat as per therapist's discretion**

_____ **Occupational Therapy: evaluate & treat as per therapist's discretion**

_____ **Massage Therapy: treat as per therapist's discretion**

Precautions: _____

Specific Instruction to Therapist: _____

We are providers with most insurance companies; please call to verify coverage.
Group Health, Premera, Asuris, Aetna, Tricare, First Choice, Uniform, PHCO,
Medicare, L&I, CIGNA, American Whole Health, Blue Card Plans.

Referring Provider Signature: _____

Referring Provider Name: _____

Phone Number: _____ Fax Number: _____

Note to Physicians: Please fax us copies of script/referral to ensure optimal coordination of care for your patients.