



Physical Therapy Referral Fax Form

TO: Tidewater Physical Therapy, Inc. FROM: _____
 Phone: _____
 FAX: _____

FAX Numbers

Hampton

- Executive Drive: (757) 838-8116
- Magruder: (757) 825-0392

Newport News

- Oyster Point: (757) 873-3848
- Hidenwood: (757) 595-5238
- Denbigh: (757) 874-0127
- Tidewater Medical Center: (757) 327-0287

Gloucester

- The Courthouse: (804) 694-5574
- The Point: (804) 642-3467

Williamsburg

- Williamsburg: (757) 253-7833
- Hand Therapy Center: (757) 565-6445
- Norge: (757) 345-2892

Norfolk

- Kempsville: (757) 965-4893

Chesapeake

- Western Branch: (757) 484-4487

Virginia Beach

- Redmill: (757) 301-6419

Smithfield

- Smithfield: (757) 357-7765

Please schedule the following patient:

Patient Name: _____ Insurance Plan: _____

Patient Daytime Phone #: _____ SSN or DOB: _____

Authorization # (if required) / additional instructions: _____

NOTE: Please include a copy of the physician's referral with this FAX.

To be completed by the TPTI scheduler and returned to the sender at the FAX number above:

To: _____

Per your request above, an appointment

Has been scheduled for physical therapy at: _____ [location],
 office on _____ [date] at _____ [time].

Has not been made for this patient for the following reason: _____

Name: _____ Phone #: _____

Thank you for choosing Tidewater Physical Therapy. Please call on us if we can be of any additional help to you.

FAX Confidentiality Notice: The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPPA). This message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of this message is strictly prohibited. If you received this transmission in error, please contact the sender immediately by telephone at (757) 873-2302 and shred the material.