



Physical Therapy Referral Fax Form

**TO: Williamsburg Physical Therapy
& Sports Therapy Center**

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.

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