



Sugar Land: 4610 Sweetwater Blvd. Ste. 120, Sugar Land, TX 77479

Houston/Galleria: 2323 S Voss Rd #600, Houston, TX 77057

Katy: 777 S Fry Rd #104, Katy, TX 77450

Houston/Bellaire: 6565 West Loop S #450, Bellaire, TX 77401

Phone: (281) 242-5252 **Fax:** (281) 242-5256

REFERRAL FORM

(This part to be completed by DARS)

Consumer Name: _____ Contact #: _____

Physician Name: **Emory Mazique M.D.**

Field Office: _____ Counselor: _____

Referred to: **APEX Physical Rehabilitation & Wellness Vendor #: 1-261075265-6000**

Please attach the following:

- Patient Demographics / Notes
- Purchase Order/ Invoice

(Fax once completed)

(This part to be completed by Physician)

Diagnosis: _____

Services:

- Physical Therapy Evaluation & Treatment
- Functional Capacity Evaluation
- Work Conditioning/ Work Hardening
- Gait Training/ Amputee
- Power chair Evaluation

Physician's Signature: _____

Date: _____

I certify that the Rehabilitation procedures prescribed for this patient are medically and therapeutically necessary, and they require skills of a licensed Physical Therapist and Occupational Therapist

Once Physical Examination is completed, Physician will sign order and fax back to:

(281) 242-5256