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Cody Barnett PT

Referral Form

Please commence evaluation and treatment for:

Name _____

Diagnosis _____

Radiology results _____

Authorizing Signature _____ Date _____

I certify that these services are medically necessary for the patients plan of care.

IMPORTANT INFORMATION FOR PATIENTS

Making an appointment is as easy as **1,2,3!**

- 1.** Call us at **316.558.8808** to schedule an appointment. To save time, have your insurance and payment information ready when you call. (We accept cash, check, or credit/debit card)
- 2.** Go to **www.BodyworxPhysicalTherapy.net** to download our check-in forms. To save time, fill them out prior to your appointment and bring them in with you.
- 3.** When you come to your appointment, bring the following with you:
 - ◇ this referral
 - ◇ insurance card and other payment information
 - ◇ list of current medications
 - ◇ current radiology report if available (i.e. x-ray, MRI, CT, etc.)
 - ◇ wear loose fitting, comfortable clothing and bring shorts if we are seeing you for your hips, legs, or feet

