

# EDWIN SUAREZ PHYSICAL THERAPY

## East Location

3620 E. Sunset Rd, Ste. 100  
Las Vegas, NV 89120

## West Location

4955 S. Durango Dr. Ste. 100  
Las Vegas, NV 89113

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### Referral / Prescription Form

Date:    /    /

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Dx: \_\_\_\_\_ ICD-9 Code: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Therapist: Edwin Suarez, MSPT / Beatriz Alcala, DPT

#### Referral for:

- PT Evaluation and Treatment:  
Duration \_\_\_\_\_ Frequency \_\_\_\_\_
- PT Continued Treatment:  
Duration \_\_\_\_\_ Frequency \_\_\_\_\_

#### Prescription for:

- Durable Medical Equipment  
Specify: \_\_\_\_\_
- Prosthetics / Orthotics  
Specify: \_\_\_\_\_

#### **Please sign below and return this fax to:**

\_\_\_ **East Location: 3620 E. Sunset Road #100, Las Vegas, NV 89120**

\_\_\_ **West Location: 4955 S. Durango Dr. #100, Las Vegas, NV 89113**

**Should you have any questions or concerns, please call corresponding office.**

Physician's Signature	NPI#	Date
_____	_____	_____

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## East Location

**Phone:** 702-368-6778

**Fax:** 702-368-6775

## West Location

**Phone:** 702-489-9785

**Fax:** 702-685-7811

www.edwinsuarezpt.com