Panacea Clinic

Physiotherapy & Rehab
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Physio@Panaceaclinics.com

Patient Name: _____ **Date:** _____

Address: _____ **D.O.B:** _____

Diagnosis / Recommendations:

Treatment Options:

- ☐ Physiotherapy
- ☐ Massage Therapy
- ☐ Chiropractic
- ☐ Orthopaedic Bracing
- ☐ Laser Therapy
- ☐ Acupuncture
- ☐ Custom Orthotics
- ☐ Cryo-Compression Device
- ☐ Bone Growth Stimulator
- ☐ Compression Garment (20–30 mmHg)
- ☐ Visco supplement / Injectables
- ☐ Anti-Gravity Treadmill

Referring Physician:

Physician Signature

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