



PT SOLUTIONS

PHYSICAL THERAPY

Patient's Name:	Date:
Doctor:	Diagnosis:
Insurance Company:	Claim Number:
Employer:	

Dear: Dr. Fuentes

Thank you for choosing PT Solutions for your patient's physical therapy needs. We would like to inform you we have attempted to contact the patient Angie Brewer DOB: 6/19/88 on 2/18, 2/18 and 3/14, 3/15. Unfortunately, we have been unsuccessful in our efforts to schedule their initial evaluation at this time. **Please note that if the patient is to return for treatment, we will need an updated prescription for therapy.** Do not hesitate to contact our office if we can be of additional assistance.

Sincerely,

[Handwritten Signature]

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