

Primary Care EXERCISE CLINIC REFERRAL

Any health professional may complete this referral form; but, it must be signed by a physician, physician's assistant, or nurse practitioner. Please be sure the form is legibly completed. Incomplete or illegible forms will be returned and the processes delayed.

Patient's Primary Care Physician: _____ phone: _____

Patient's name and address: _____

Patient's phone

Patient or Practitioner: To schedule the first appointment, contact the Exercise Physiology Department at 355-8236 or fax this form to "Attn. Kayla Dressler, Exercise Clinic Coordinator" at the University of Mary, fax: (701)355-8313