



PATIENT NAME: \_\_\_\_\_

CONDITION(S) / DIAGNOSIS: \_\_\_\_\_

**MEDEX SERVICES REQUESTED**

- Musculoskeletal Screening & Assessment
- Cardiovascular Training
- Strength Training
- Hypertension Exercise
- Spinal Stabilization
- Back/Neck Exercise
- MedEx Training School
- Yoga/Flexibility Training
- Diabetes Exercise
- Functional Training
- Pilates/Core Training
- Nutrition Counseling
- Weight Reduction

DURATION: \_\_\_\_\_ months      FREQUENCY: \_\_\_\_\_ x/week

COMMENTS & PRECAUTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERRING PROVIDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

2541 COWAN BLVD.  
FREDERICKSBURG, VA, 22401  
TEL. 540-479-1877 / FAX 540-479-1643  
WWW.FBURGFITNESS.COM

*"Get Fit For LIVING Life!"*