



*MAGNOLIA MEDICAL
GROUP, INC.*

(864) 346-0391

☐ **Adult**

☐ **Pediatric**

Please fax all prescriptions and patient demographics to (878) 840-2112

Patient Name: _____

Diagnosis: _____

☐ **Physical Therapy** - Evaluate & Treat

☐ **Occupational Therapy** - Evaluate & Treat

☐ **Speech Therapy** - Evaluate & Treat

Additional Instructions: _____

Physician Signature: _____ Date: _____

☐ **Grace Rehabilitation Center**

401 Guess Street, Greenville

☐ **Laurens Rehabilitation Center**

106 Parkview Dr., Laurens

☐ **Mauldin Rehabilitation Center**

213 East Butler Rd. , Ste E-2, Mauldin

☐ **Towers Physical Therapy**

415 N Main ST., Greenville