Premier Health

Outpatient Therapy and Sports Medicine

Atrium Medical Center

FRANKLIN

❑ 909 E. Second St.
(937) 746-7026
(937) 746-4676 Fax

LEBANON

❑ Ralph J. Stolle Countryside YMCA
1697 Deerfield Road
(513) 934-3850
(513) 934-3450 Fax

MIDDLETOWN

❑ Atrium Family YMCA ◆
5750 Innovation Dr.
(513) 974-5013
(513) 974-5085 Fax

❑ 275 N. Breiel Blvd.
Suite 200
(513) 974-7390
(937) 641-2644 Fax

TRENTON

❑ Atrium Health Center Trenton
3590 Busenbark Road,
Suite 300
(513) 869-4600
(513) 869-4601 Fax

Upper Valley Medical Center

PIQUA

❑ Outpatient Care Center North ◆
280 Looney Road
Suite 301
(937) 440-7355
(937) 223-9630 Fax

SIDNEY

❑ UVMC Sidney Center
1529 Fair Road, Suite 100
(937) 492-0270
(937) 492-0671 Fax

TIPP CITY

❑ Hyatt Center Center for Sports Medicine
450 N. Hyatt St.
Suite 102
(937) 440-7152
(937) 667-4038 Fax

TROY

❑ Outpatient Care Center South ◆
998 S. Dorset Rd.
Suite 105
(937) 440-7400
(937) 440-8514 Fax

❑ Upper Valley Medical Center
3130 N. County Road 25A
(937) 440-4840
(937) 440-4396 Fax

Miami Valley Hospital

BEAVERCREEK

❑ 1244 Meadow Bridge Dr.
(937) 208-7670
(937) 208-7675 Fax

CENTERVILLE

❑ Miami Valley Hospital South Joint and Spine Center, The Sports Medicine Center
2400 Miami Valley Dr.,
Suite 170 (◆ Suite 270)
(937) 438-7711
(937) 438-7710 Fax

DAYTON

❑ Claybourne Medical Center
1525 E. Stroop Road
(937) 208-7450
(937) 208-7448 Fax

❑ 1715 Brown St., Suite 230 (◆ Suite 330)
(937) 208-6090
(937) 208-7725 Fax

ENGLEWOOD

❑ Miami Valley Hospital North ◆ The Sports Medicine Center
9000 N. Main St
(937) 734-5722
(937) 734-5798 Fax

HUBER HEIGHTS

❑ Miami Valley Health Center Huber Heights
6251 Miami Valley Way,
Suite 110
(937) 734-6801
(937) 734-6809 Fax

JAMESTOWN

❑ 4940 Cottonville Road
(937) 675-2550
(937) 675-2472 Fax

SPRINGBORO

❑ Coffman Family YMCA
90 Remick Blvd.
(937) 886-1511
(937) 886-1505 Fax

Date _____

Patient _____

Daytime Phone _____

Diagnosis _____

_____

ICD-10 _____

❑ Physical Therapy ❑ Occupational Therapy (Hand Therapy)

_____ Evaluate and Treat

_____ Evaluate

Precautions/Remarks _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Physician Signature

_____

NPI# _____

◆ Hand Therapy