

For ongoing therapy, **fax updated order to 682-885-7590**. Please attached face sheet/insurance sheet to referral.
 Please instruct families to call for appointment scheduling. Rehabilitation new patient **scheduling line is 682-885-3898**.

For this order to be processed, please fill out all fields.

Patient name: _____ DOB: _____ Sex: _____

Diagnosis: _____ ICD-10 code(s): _____

Service requested: (please indicate) PT OT ST AUDIO

Priority: Routine (within 12 weeks) High (within two weeks) Stat (within 24 hours)

Physician order: (check all services that apply)

Physical therapy

- Evaluate and treat
- Other

Occupational therapy

- Evaluate and treat
- Other

Speech/Language pathology

- Evaluate and treat
- Feeding/oral motor evaluate and treat
- Swallow function study
- Soft palate study
- Nasopharyngoscopy
- Other

Audiology

- Audiology evaluation and management
- ABR (sedated)
- ABR (unsedated)
- Hearing aid evaluation
- Cochlear implant evaluation
- Vestibular evaluation
- Other

Pelvic floor therapy

- Evaluate and treat

Date of onset/procedure/surgery: _____

Precautions: _____

(Brace requirements, ROM limitations, weight bearing, incision care, fall precautions, allergies, active drainage, etc.)

Physician signature	Date/time
Physician name (printed)	Physician phone
Special instructions/comments: _____	
Contact person at office	Phone