PEDIATRIC THERAPIES at COOL SPRINGS
1880B General George Patton Drive
Suite 202
Franklin, TN 37067
Phone: 615-377-1623 www.pediatrictherapies.com Fax: 615-377-1625

Physician's Order

Child's Name: ______________________ **DOB:** ______________ **ICD-9:** ____________
Parent's Name: ______________________ **Phone:** ______________ **Dx:** ____________
Physician's Name: ________________ **Practice:** ________________ **Phone:** ____________

□ **Occupational Therapy**
- □ Evaluate and Treat
- □ Other: ______________________
- □ Specific Instructions: ______________________

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□ **Speech and Language Therapy**
- □ Evaluate and Treat
- □ Other: ______________________
- □ Specific Instructions: ______________________

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□ **Physical Therapy**
- □ Evaluate and Treat
- □ E-stim □ Orthotic □ Gait Training
- □ Other: ______________________
- □ Specific Instructions: ______________________

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This certifies medical necessity:

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Physician Signature **Date**

Fax to: 615-377-1625 OR
Email to: stephanie@pediatrictherapies.com