ADVANCE THERAPY
occupational, physical and speech therapy for children

# PHYSICIAN'S ORDER FORM

CLIENT:_____ DOB:_____

Diagnosis (if any/suspected):

_____

Order for: (check all that apply)

☐ Occupational Therapy ☐ Speech Language Therapy ☐ Physical Therapy

☐ Evaluation and Treatment

____Days per week for _____ weeks

____As needed, per therapist recommendation

Comments:

Statement of Medical Necessity:

Physician's Name (print full name):_____

Physician's Signature: _____ Date:_____

Clinic Name: _____

Clinic Address:_____

Physician's NPI Number: _____

Physician's Phone Number:_____ Fax:_____

***Thank you for choosing Advance Therapy!***

Lino Lakes: 6776 Lake Drive #220 Lino Lakes, Mn 55014 Phone: 651-784-7007 Fax: 651-784-7992
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