



Physician Order

Date_____

Patient Name_____ DOB_____

Diagnosis_____ ICD-9 Code_____

_____Speech Therapy Evaluation and Treatment

_____Physical Therapy Evaluation and Treat

_____Aquatic Physical Therapy

_____Occupational Therapy Evaluation and Treatment

_____Aquatic Occupational Therapy

_____other_____

Physician Signature_____ Date_____

Please return by fax to the Therapy SPOT (912) 681-7782.

The Therapy SPOT 518 Gentilly Rd. Statesboro, GA 30458 ph(912) 681-7768 fax (912) 681-7782