

**PRESCRIPTION FOR SCHOOL-AGE BASED RELATED SERVICES
 REQUIRED FOR OT, PT, and NURSING**

Student's Name: _____ DOB: _____

District: _____ School: _____

The child named above has been recommended for the following services by his/her school district:

<u>Service/Therapy</u> (Please check all that apply)	<u>Period of Service</u>
<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> *NU As per Level of IEP Recommended Related Services	School year 2017-2018 7/1/17 – 6/30/18

*In addition to the prescriptions, a specific Dr.'s order with detailed instructions is required for nursing services.

ICD10 code/Diagnosis/ purpose of treatment	
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Physician/Physician's Assistant/Nurse Practitioner Information (Please print):

Name:	
Address:	
Phone Number:	
License Number / NPI#	

 Signature of Physician/Physician's Assistant/Nurse Practitioner
 (Must be original signature)

 Date

RX WITH STAMPED SIGNATURE WILL NOT BE ACCEPTED

Last modified: 9/1//2016

Service and Innovation Through Partnership

Dear Parent or Guardian:

Enclosed is a prescription form for related services for the 2017-2018 school year. It is required that a doctor's prescription be on file prior to any occupational therapy and physical therapy services being provided. It is important that your child's physician use the enclosed form to ensure that all the necessary information is included to satisfy the Medicaid guidelines.

Please have this form completed by your physician and returned to the school as soon as possible to avoid an interruption in related services for this school year.

Thank you,

OT/PT Department