

Estimados Padres/Guardianes,

Las regulaciones del Estado de Nueva York requiere que su hijo/hija tenga una receta medica para recibir los servicios de Terapia Ocupacional y Terapia Fisica. Incluida esta la forma de receta para recibir estos servicios para el ano escolar 2017-2018. Por favor, llevar esta forma a su medico para obtener toda la informacion necesaria y seguir las leyes del programa de Medicaid. Esto asegurara que su hijo/hija empice los servicios de terapia sin interrupcion para empezar lo mas antes posible.

Gracias por su atencion,

P/NW BOCES OT/PT Departments

Service and Innovation through Partnership

**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

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