



Therapy World, LLC  
 1612 Ebenezer Rd, Suite 101  
 Rock Hill, SC 29715  
 Phone: 803-329-9500  
 Fax: 803-228-0101

**PHYSICIAN ORDER FORM**  
 Speech and Occupational Therapy  
**\*\*Bilingual (Spanish) Services Provided\*\***

|                        |                                      |
|------------------------|--------------------------------------|
| Client Name:           | Medical Practice:                    |
| DOB/ Age:              | Physician:                           |
| <b>INSURANCE ID #:</b> | NPI#:                                |
| Parent Name:           | Phone#:                              |
| Phone:                 | Fax#:                                |
| Address:               |                                      |
| Email:                 | <b>***PRIMARY MEDICAL DIAGNOSIS:</b> |

REFERRAL FOR THERAPY SERVICES; EVALUATE AND TREAT AS INDICATED.

**DOES THE CHILD CURRENTLY HAVE AN IEP or IFSP?    YES    NO**

\*\*\*PLEASE CHECK ALL AREAS OF CONCERN\*\*\*

| <input type="checkbox"/> SPEECH THERAPY   |  | <input type="checkbox"/> OCCUPATIONAL THERAPY                        |  |
|---|--|--|--|
| Speech/Articulation Disorder  |  | Sensory Integration/Processing                                       |  |
| Expressive/Receptive Language Disorder  |  | Fine Motor Skills  |  |
| <b>*Developmental Delay (0-3 yrs.)<br/>Early Intervention</b>   |  | Gross Motor Skills/ Coordination                                     |  |
| Feeding/ Oral Motor   |  | Visual Motor Integration   |  |
| Cognitive Communication/ TBI / ATBI   |  | Attention Deficit/ Learning Difficulties/<br>Handwriting Development |  |
| Evaluating therapist may add any of the above therapies/services to these orders if their assessment indicated a need to include them to fully address the patient's needs. |  |  |  |

Comments: \_\_\_\_\_

\*\*PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FAX BACK TO 803-228-0101**  
*Thank You for Choosing Therapy World!!!*