Physician's Order for Related Services

School District:	Bethlehem Central School District	School Year:	2018-2019

Student Name:	Student DOB:

Projected Initiation Date: 7/2/18

Projected Termination Date: 6/26/19

Occupational Therapy

ICD-10 Code: (Required)

as per IEP

Reason/Need for OT: (required)

Physical Therapy

ICD-10 Code: (Required)

as per IEP

Reason/Need for PT: (required)

Speech/Language Therapy

ICD-10 Code: (Required)

as per IEP

Reason/Need for SL: (required)

Services to be delivered in accordance with the frequency and duration listed in the IEP for the school year

Below area is required for the Physician, NP, PA or SLP (speech only) to fill out - ** areas are REQUIRED

**Physician's (NP or PA), SLP Name (print):	**Signature (NO STAMPS):	**Date (Full Date Please):
**Title:	***NPI Number: (Required)*	

NOTE: This area MUST be stamped or pre-printed

PLEASE RETURN TO :

Special Education and Student Services

Attn: Donna

700 Delaware Avenue

Delmar, NY 12054 518-439-8886/518-439-8765(fax)

Contact Information

Name:

Address1:

Address 2:

City, State Zip

Telephone Number:

All Personnel that sign this Prescription MUST fill in their Contact Info.

(district employees, please use district contact info and phone #)