

Physician's Order for Related Services

School District	Bethlehem Central School District
Student Name:	

School Year:	2020-2021
Student DOB:	

Projected Start Date:	7/6/2020
Projected Termination Date:	6/25/2021

<u>Occupational Therapy:</u> <u>ICD-10 Code (Required):</u>	<u>As per IEP</u>	<u>Reason/Need for OT (required):</u>
<u>Physical Therapy:</u> <u>ICD-10 Code (Required):</u>	<u>As per IEP</u>	<u>Reason/Need for OT (required):</u>

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

Area below is required for the Physician, NP, PA, or SLP (speech only) to complete **AREAS ARE REQUIRED

**Physician/NP/PA/SLP Name (Print):	**Signature (no stamps):	**Date (full date):
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**Title:	**NPI Number (Required):
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PLEASE RETURN TO:
Bethlehem Central School District
Special Education and Student Services
Attn: Donna
700 Delaware Avenue
Delmar, NY 12054
FAX: (518) 439-8765
Phone: (518) 439-8886 ext. 5

****Please use your office stamp****
CONTACT INFORMATION:

Name:
Address:

City, State, Zip:
Phone:
Fax: