

Physician's Order for Occupational/Physical Therapy Services

School District	Bethlehem Central School District
Student Name:	

School Year:	2021-2022
Student DOB:	

Projected Start Date:	7/5/21
Projected Termination Date:	6/24/2022

Occupational Therapy: ICD-10 Code (Required):	<i>Services to be delivered in accordance with the frequency and duration listed in the IEP for the school year</i>	<u>For OT Services and/or Evaluation (required):</u>
Physical Therapy: ICD-10 Code (Required):	<i>Services to be delivered in accordance with the frequency and duration listed in the IEP for the school year</i>	<u>For PT Services and/or Evaluation (required):</u>

*Area below is required for the Physician, NP, PA to complete ****AREAS ARE REQUIRED***

**Physician/NP/PA Name (Print):	**Signature (no stamps):	**Date (full date):

**Title:	**NPI Number (Required):

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: