

## Physician's Order for Occupational/Physical Therapy Services and/or Evaluation

<b>School District</b>	Bethlehem Central School District
<b>Student Name:</b>	

<b>School Year:</b>	2021-2022
<b>Student DOB:</b>	

Projected Start Date:	9/9/21
Projected Termination Date:	6/23/2022

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

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

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

<b>**Title:</b>	<b>**NPI Number (Required):</b>

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: