

Therapy Services Pediatric and Adult Specialty Clinics PHYSICIAN ORDER

Patient Name:	D.O.B:Date:			
Parent's Name:	Phone Number:			
Referring Physician:	Office Number:			

Adaptive Seating Clinic:			
□ Rx Wheelchair/Stroller	□ Adjust/Gro	w Wheelchair	□ Stander Evaluation
□ Rx Power Wheelchair	Custom Molded Seating		□ Bath Equipment Eval
Pressure Mapping	□ Hoyer Lift	□ Car Seat Ev	valuation with OT/PT
Other			
For questions regarding Adaptive Seating Clinic call (757) 668-9796			

Augmentative Communication and Assistive Technology Clinic:

□ Augmentative Communication evaluation with ST

□ Assistive Technology evaluation with OT/ST

For questions regarding Augmentative Communication and Assistive Technology Clinic call (757) 668-6577

Physician Name (printed):	
Physician Signature:	Date:
	Date
Physician Phone:	Physician Fax:

Please fax order and any supporting documentation to (757) 668-7389