

# Dymond Speech & Rehab., P.A.

## THERAPY SERVICES ORDER

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SERVICE REQUESTED:** (Check all that apply)

**EVALUATIONS:**

**Speech Therapy:**

- \_\_\_\_\_ Comprehensive Speech & Language Evaluation
- \_\_\_\_\_ Swallowing/Feeding Evaluation
- \_\_\_\_\_ Modified Barium Swallow Study
- \_\_\_\_\_ Fluency / Stuttering Evaluation
- \_\_\_\_\_ Voice Evaluation
- \_\_\_\_\_ Reading Evaluation

**Occupational Therapy:**

- \_\_\_\_\_ Occupational Therapy Evaluation

**Physical Therapy:**

- \_\_\_\_\_ Physical Therapy Evaluation

**THERAPY:**

\_\_\_\_\_ **Speech Therapy:**

- \_\_\_\_\_ Swallowing \_\_\_\_\_ Vital Stim Therapy \_\_\_\_\_ Fluency/Voice \_\_\_\_\_ Reading
- \_\_\_\_\_ times per week for \_\_\_\_\_ weeks for \_\_\_\_\_ minute sessions
- \_\_\_\_\_ times over a \_\_\_\_\_ week period

\_\_\_\_\_ **Physical Therapy:**

- \_\_\_\_\_ times per week for \_\_\_\_\_ weeks for \_\_\_\_\_ minute sessions
- \_\_\_\_\_ times over a \_\_\_\_\_ week period

\_\_\_\_\_ **Occupational Therapy:**

- \_\_\_\_\_ times per week for \_\_\_\_\_ weeks for \_\_\_\_\_ minute sessions
- \_\_\_\_\_ times over a \_\_\_\_\_ week period

**RELATED CONDITIONS:** (Check all that apply)

- \_\_\_\_\_ Slow to Talk \_\_\_\_\_ Slurred Speech \_\_\_\_\_ Difficulty Walking \_\_\_\_\_ Oral-Motor Weakness
- \_\_\_\_\_ Down Syndrome \_\_\_\_\_ Difficulty Crawling \_\_\_\_\_ Lack of Normal Development \_\_\_\_\_ Head Trauma
- \_\_\_\_\_ Unclear Speech \_\_\_\_\_ Otitis Media \_\_\_\_\_ CVA \_\_\_\_\_ Autism
- \_\_\_\_\_ Cognitive Deficits \_\_\_\_\_ Swallowing Difficulty \_\_\_\_\_ Fine Motor Difficulties \_\_\_\_\_ Parental Concerns
- \_\_\_\_\_ Other: Dx: \_\_\_\_\_

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_  
**UPIN**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHYSICIAN'S NAME**

\_\_\_\_\_  
**INSURANCE CO.**

\_\_\_\_\_  
**AUTH. NUMBER**

**PLEASE SIGN AND FAX TO:**

Dymond Speech & Rehab., P.A.

113 Hillcrest Drive  
Sanford, NC 27330

310 West Street  
Pittsboro, NC 27312

**Telephone:** 919-777-0240

**Fax:** 919.777.0499

**Email:** dymondrehab@windstream.net