

_____ Patient Name	_____ Patient Date of Birth	For Office Use Only:  Appt time/date: _____  _____  _____
_____ Referring Physician		
_____ Physician Phone #	_____ Physician Fax #	

**FOR NEW PATIENTS ONLY**

_____	_____	_____
Primary Insurance Company	Member ID #	Insurance Company Phone #

Contact patient to schedule appointment:

Patient Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Patient will contact Clinic to schedule appointment. Call 972-969-2140

Physician's office has schedule appointment for patient. \_\_\_\_\_  
Date Time

### THERAPY ORDER

**DIAGNOSIS and ICD-10 CODE(S):** \_\_\_\_\_

- SERVICES:**
- PHYSICAL THERAPY
  - OCCUPATIONAL THERAPY
  - SPEECH THERAPY

- REQUESTED TREATMENT:**
- EVALUATE AND TREAT
  - CONTINUE THERAPY

- TREATMENT SCHEDULE:**
- AS INDICATED PER THERAPY EVALUATION/POC
  - \_\_\_\_\_ x/wk for \_\_\_\_\_ wks
  - \_\_\_\_\_ visits

**SPECIAL INSTRUCTIONS/PRECAUTIONS:** \_\_\_\_\_

**X** \_\_\_\_\_  
 PHYSICIAN SIGNATURE (stamped signature not accepted)      DATE/TIME

**INSTRUCTIONS TO PATIENTS:**

- The Therapy Clinic is located in Suite 105 of Las Colinas Medical Center, across from hospital registration.
- On your first visit please arrive 30 minutes early to complete registration.
- Please bring the following items to your first visit: this form, medical insurance card(s), photo ID, and a list of all your current medications.
- To cancel or reschedule an appointment call at least 24 hours in advance. 972-969-2140



6800 N. MacArthur Blvd. • Irving, TX 75039  
 (972) 969-2000

PATIENT IDENTIFICATION

### OUTPATIENT THERAPY



\*POS\*