SPECIALIZING IN HORSE ASSISTED THERAPIES

Physician's Prescription for Occupational Therapy Services

Mended Hearts Stable, Inc.
1431 Lourdes Road, Metamora, Illinois 61548

Client Information			
Name			
D.O.B.		Gender	
Address			
Phone		Email	
Diagnosis		Medication	
Precautions/Restrictions		Parent/Guardian	

Reason for prescription request: _____

In case of noticeable physical findings, the occupational therapist will contact you promptly by telephone in regard to proper treatment to be followed.

It is our procedure to request a new prescription for each year.

Check the appropriate statement:

☐ I authorize treatment as necessary.
☐ I DO NOT authorize treatment.

Physician's name (print):_____

Physician's signature: _____ NPI number: _____

Address: _____

Phone: _____ Fax: _____

Treating therapist: *Madison Silverthorn, OTR/L* Email: Madison@mended-hearts.org

Please return this form to: Mended Hearts Stable, Inc.

Phone number: 309-383-4323 *Fax number:* 309-383-3399