



4130 Oleander Drive, Suite 101, Wilmington, NC 28403 \*311 South McNeil Street, Burgaw, NC 28425  
**T: 910.679.8385 F: 910.679.8387**

|                       |                     |               |                    |
|-----------------------|---------------------|---------------|--------------------|
| <b>Child's Name:</b>  | <b>DOB:</b>         | <b>Phone:</b> | <b>Address:</b>    |
|                       |                     |               |                    |
| <b>Insurance Type</b> | <b>Insurance ID</b> | <b>PCP:</b>   | <b>Phone/ Fax:</b> |
|                       |                     |               | T.<br>F:           |

**Treatment is medically necessary for the above client.**

Please Provide Diagnosis: \_\_\_\_\_

**Check All That Apply:**

|                          |                                    |                          |                                        |
|--------------------------|------------------------------------|--------------------------|----------------------------------------|
| <input type="checkbox"/> | <b>Speech/ Language Evaluation</b> | <input type="checkbox"/> | <b>Occupational Therapy Evaluation</b> |
| <input type="checkbox"/> | <b>Speech/ Language Therapy</b>    | <input type="checkbox"/> | <b>Occupational Therapy</b>            |
| <input type="checkbox"/> | <b>Articulation</b>                | <input type="checkbox"/> | <b>Sensory Concerns</b>                |
| <input type="checkbox"/> | <b>Fluency</b>                     | <input type="checkbox"/> | <b>Handwriting</b>                     |
| <input type="checkbox"/> | <b>Language</b>                    | <input type="checkbox"/> |                                        |
| <input type="checkbox"/> | <b>Reading</b>                     | <input type="checkbox"/> | <b>DME Evaluation</b>                  |
| <input type="checkbox"/> | <b>Feeding Evaluation</b>          | <input type="checkbox"/> | <b>Orthotic Assessment</b>             |
| <input type="checkbox"/> | <b>Feeding Therapy</b>             | <input type="checkbox"/> | <b>Physical Therapy Evaluation</b>     |
| <input type="checkbox"/> | <b>Feeding Skills</b>              | <input type="checkbox"/> | <b>Physical Therapy</b>                |

\_\_\_\_\_  
 Signature of Physician/ Authorized Signature

\_\_\_\_\_  
 Date of Signature

\_\_\_\_\_  
 Print of Stamp Physician Name

\_\_\_\_\_  
 Physician's Individual NPI

*Cathryn Altorderffer M.S.*  
 Cathryn Altorderffer MS CCC-SLP  
 CCC-SLP

*Christina Kelleigh MA*  
 Christina Kelleigh MPT

*Alena Campbell, OTR/L*  
 Alena Campbell OTR/L

Please fax back to our Wilmington office at 910-679-8387