



3901 Wrightsville Ave. Wilmington, NC 28403
 100B Freemont St. Burgaw, NC 28425
 1201 S 16th St. Wilmington, NC 28401
 4540 Technology Dr. Wilmington, NC 28405

Child's Name:	DOB:	Phone:	Address:
Insurance Type:	Insurance ID:	PCP:	Phone/ Fax:

Treatment is medically necessary for the above child.

Please Provide Diagnosis:

Check All That Apply:

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

 Signature of Physician/ Authorized Signature

 Date of Signature

 Print of Stamp Physician Name

 Physician's Individual NPI

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