Denise Comiskey OTR/L, CLT

4417 13th St #159

Saint Cloud, Florida 34769

Phone: 321-437-9460 Fax: 407-593-2495

PHYSICIAN ORDER FOR THERAPY

Referring Physician/Practitioner_____

NPI#_____ Office Number_____ Fax_____

Patient Information

Patient Name_____DOB_____

Height_____ Weight_____ S.S.#_____

Address_____

Phone_____ Alt Phone_____ Cell_____

Primary Insurance_____ ID#_____Group #_____

Secondary_____ ID#_____Group #_____

REQUESTED THERAPY SERVICES

Diagnosis:_____

Occupational Therapy:_____

Lymphedema Therapy: _____

Vestibular Therapy: _____

Other: _____

PHYSICIAN SIGNATURE:_____Date:_____