



PHYSICAL, OCCUPATIONAL & SPEECH THERAPY SPECIALISTS

Summit Pediatric Therapies
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Patient Name: _____ Phone: _____

Diagnosis: _____

ICD-9 Code: _____

Evaluate and Treat as Indicated: _____ PT _____ OT _____ ST

Special Instructions: _____

TYPE OF TREATMENT

- Fine Motor
- Gross Motor
- Sensory Integration
- Casting/Splinting
- Feeding/Language skills

Physician Signature: _____ Date: _____

Physician's Name (printed): _____