

_____ Patient Name	_____ Patient Date of Birth	For Office Use Only: Appt time/date: _____ _____ _____ _____
_____ Referring Physician		
_____ Physician Phone #	_____ Physician Fax #	

FOR NEW PATIENTS ONLY

_____ Primary Insurance Company
 _____ Member ID #
 _____ Insurance Company Phone #

- Contact patient to schedule appointment:
 Patient Phone#: _____ Alternate Phone#: _____
- Patient will contact Clinic to schedule appointment. Call 972-969-2140
- Physician's office has schedule appointment for patient. _____
Date Time

THERAPY ORDER

DIAGNOSIS and ICD-9 CODE(S): _____

- SERVICES:** PHYSICAL THERAPY
 SPEECH THERAPY

- REQUESTED TREATMENT:** EVALUATE AND TREAT
 CONTINUE THERAPY

- TREATMENT SCHEDULE:** AS INDICATED PER THERAPY EVALUATION/POC
 _____ x/wk for _____ wks
 _____ visits

SPECIAL INSTRUCTIONS/PRECAUTIONS: _____

X _____
 PHYSICIAN SIGNATURE (stamped signature not accepted) DATE/TIME

INSTRUCTIONS TO PATIENTS:

- The Therapy Clinic is located inside of Las Colinas Medical Center off the lobby on the first floor, across from hospital registration
- On your first visit please arrive 30 minutes early to complete registration.
- Please bring the following items to your first visit: this form, medical insurance card(s), photo ID, and a list of all your current medications.
- To cancel or reschedule an appointment call at least 24 hours in advance. 972-969-2140



6800 N. MacArthur Blvd. • Irving, TX 75039
 (972) 969-2000

PATIENT IDENTIFICATION

OUTPATIENT THERAPY



POS