



& Home Health Care

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St. Cloud, MN 56301
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FAX: (320)259-5707
Home Care FAX: (320) 259-0140
E-mail: spot@spot-rehab.com

PHYSICIAN ORDER FORM

PLEASE CHECK: OUTPATIENT CLINIC HOME HEALTH CARE

- OCCUPATIONAL THERAPY
- PHYSICAL THERAPY
- SPEECH THERAPY
- SKILLED NURSING (HOME CARE ONLY)

DATE _____

PATIENT NAME _____ **BIRTHDATE** _____

PARENT OR GUARDIAN (if necessary) _____

PHONE NUMBER(s) _____

ADDRESS _____

DIAGNOSIS + ICDP CODE _____

- EVALUATE AND TREAT
- SPECIFIC TREATMENT AS OUTLINED BELOW
- COMMUNICATION REGARDING PATIENT STATUS

PRIMARY INSURANCE _____

ID NUMBER _____

PHYSICIAN NAME, TITLE _____

PHYSICIAN SIGNATURE _____