

FAX:

To: \_\_\_\_\_

From: UT Medical Group, Inc.  
Department of Pediatrics  
Primary Care Clinic  
777 Washington Avenue, Suite P110, Area 3  
Memphis, TN 38105  
(901) 448-2000 • Fax (901) 287 3122

Re: Orders for therapy. See prescription below.



UT Medical Group, Inc.  
Department of Pediatrics  
Primary Care Clinic  
777 Washington Avenue, Suite P110, Area 3  
Memphis, TN 38105  
(901) 448-2000 • Fax (901) 287-6122

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

R<sub>x</sub>

- Treat
- Evaluate

Diagnosis:

- Speech Delay (315.39)
- Developmental Delay (783.40)
- Cerebral Palsy (343.9)
- Prematurity (765.0)
- Other:
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Bilateral AFOs for neutral foot and ankle alignment
- Other:

Physician's Signature: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Patient's Home Phone: \_\_\_\_\_