**Denise Comiskey OTR/L, CLT-LANA**

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Saint Cloud, Florida 34769

Phone: (407) 593-2626 Fax: (321) 234-3577

**PHYSICIAN ORDER FOR THERAPY**

Referring Physician/Practitioner

NPI# Office Number Fax

**PATIENT INFROMATION**

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: \_\_\_\_\_\_