

USE BALL POINT PEN ONLY

Outpatient Rehabilitation Services

ORDER FORM

➤ REQUIRED Fields

All orders require a physician's signature and an ICD 10 code. For RESTORE, please include a cancer diagnosis

* Please arrive @ _____ for Registration

Your appt. date is: _____

Your appt. time is: _____

FAX to: 336-625-4393

To schedule multi- disciplines (PT,OT,ST) or RESTORE appt please call 336-629-8835

➤Pt. Name : Last First Middle		➤ Pt. D.O.B.	➤ Practitioner Signature		➤ Date _____
Pt. Phone #:		➤ Pt. Precert / Authorization #		Sex:	➤Print Name of Practitioner
Expires on:		M or F			

BOTH Required

➤ Reason for Exam: _____

➤ ICD 10 Code : _____

PT/OT/ST Services Fax #336-625-4393

To schedule 336-629-8835

✓ Exam	CPT Codes
Evaluation and Treatment	97001
Evaluation and Treatment for RESTORE Program	97001
Iontophoresis w/ Dexamethasone (1.2-2 ml)	97033
Iontophoresis w/ other _____ (1.2-2 ml)	97033
TENS/Home Unit	64550
Orthotic Management / Training	97760

✓ Exam	CPT Codes
<i>For the RESTORE program please provide a cancer diagnosis and a rehab ICD-10 code.</i>	

Speech Therapy

Clinical Swallow Evaluation/Treat	92610/92526
Clinical Swallow Evaluation RESTORE Program	92610/92526
Modified Barium Swallow Study (MBSS)/Treat	92611/92526
Evaluation of Speech,Lang,Cognition/ Treat	92522/

Occupation Therapy/Hand Rehab

Evaluation and Treatment	97003
Evaluation and Treatment for RESTORE Program	97003
Evaluation and Treatment for Splinting	97003

Evaluation of Speech,Lang,Cognition/ Treat/RESTORE	92522 /
92523 /96105 /96125/ 92507	
Evaluation Of Voice/Treatment	92524/92507
Evaluation Of Stuttering / Treatment	92521/92507

Other:



169900011

Revised: 2/6/2019
Outpatient Rehab Services