

**PRESCRIPTION FOR SCHOOL-AGE BASED RELATED SERVICES  
REQUIRED FOR OT, PT, ST and NURSING**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

The child named above has been recommended for the following services by his/her school district:

<u>Service/Therapy</u> (Please check all that apply)	<u>Period of Service</u>
<input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> ST <input type="checkbox"/> *NU  As per Level of IEP Recommended Related Services	School year 2021-2022 7/1/2021 – 6/30/2022

\*In addition to the prescriptions, a specific Dr.'s order with detailed instructions is required for nursing services.

ICD10 code <b>and</b> Diagnosis/ purpose of treatment <b>(Medicaid requires both)</b>	
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**Physician/Physician's Assistant/Nurse Practitioner Information**

(Please print):

Name:	
Address:	
Phone Number:	
License Number / NPI#	

\_\_\_\_\_  
Signature of Physician/Physician's Assistant/Nurse Practitioner  
(Must be original signature)

\_\_\_\_\_  
Date

**RX WITH STAMPED SIGNATURE WILL NOT BE ACCEPTED**

Last modified: 05/05/2020