PNW BOCES
PUTNAM | NORTHERN WESTCHESTER

200 BOCES Drive | Yorktown Heights | NY 10598-4399
Special Education Department

# PRESCRIPTION FOR SCHOOL-AGE BASED RELATED SERVICES

REQUIRED FOR OT, PT, and NURSING

Student's Name:_____ DOB:_____

District:_____ School:_____

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

| Service/Therapy (Please check all that apply) | Period of Service |
|---|---|
| ☐ OT ☐ PT ☐ *NU<br>As per Level of IEP Recommended Related Services | School year 2021-2022<br>7/1/21 – 6/30/22 |

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

| | |
|---|---|
| ICD10 code/Diagnosis/ purpose of treatment | |

Physician/Physician's Assistant/Nurse Practitioner Information (Please print):

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

_____ _____

Signature of Physician/Physician's Assistant/Nurse Practitioner Date

**(Must be original signature)**

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

*Service and Innovation through Partnership*