

WAPPINGERS

Central School District

167 Myers Corners Road, Suite 200
Wappingers Falls, NY 12590

Physician's Recommendation for All
**Health Related Support Services Indicated on a Student's
Individualized Education Program for 7/1/2015 – 6/30/2016**

PRESCRIPTION

I, _____, recommend that the following health related
(Physician)
support services be provided to _____ in accordance with
(Student Name and DOB)
the frequency and duration as indicated on the Individualized Education Program (IEP).

Check all that apply:

_____ **Physical Therapy** (ICD 9 CODE _____ / ICD10 CODE _____)

Please use an ICD-9/ICD-10 code specific to the purpose of Physical Therapy Services

Precautions/Contraindications: _____

_____ **Occupational Therapy** (ICD 9 CODE _____ / ICD10 CODE _____)

Please use an ICD-9/ICD-10 code specific to the purpose of Occupational Therapy Services

Precautions/Contraindications: _____

_____ **Speech Therapy** (ICD 9 CODE _____ / ICD10 CODE _____)

Please use an ICD-9/ICD-10 code specific to the purpose of Speech Therapy Services

Precautions/Contraindications: _____

_____ **Skilled Nursing** (ICD 9 CODE _____ / ICD10 CODE _____)

Please use an ICD-9/ICD-10 code code specific to the purpose of Skilled Nursing

Precautions/Contraindications: _____

_____ **Re-Evaluation**

Signature: _____ **License #:** _____

(Physician)

Address: _____ **NPI #:** _____

City/St/Zip: _____

Telephone: _____ **Fax:** _____

Date RX Written: _____

***All information (including ICD9 CODE) MUST be filled out in order for Prescription to be Valid. Please be specific when writing ICD9 codes, the same ICD9 code may not be appropriate for all services and student's classification cannot be used as an ICD9 code *** ICD 10 Codes will be required effective October 1, 2015. If possible, please include ICD10 equivalents on the prescription to help with the transition.

2015-2016 School Year