Speech-Language Pathology Order

Accessible Tx
SPEECH THERAPY

Patient's Name: _____

Patient's D.O.B: _____

Patient's Phone #: _____

Patient's Insurance: _____

Insurance ID #: _____

Physician's Order for Speech Language Pathologist to evaluate and treat.
(check all that apply)

Speech Production	Language
☐ F80.81 Childhood Onset Fluency disorder	☐ F80.1 Expressive language disorder
☐ F80.0 Articulation OR Phonological disorder	☐ F80.2 Mixed receptive- expressive language disorder
	☐ F80.4 Speech & Language Development delay due to hearing loss
	☐ F80.8 Other Developmental Disorders of Speech and Language
	☐ F80.9 Developmental disorder of speech and language, unspecified

☐ **Evaluate and Treat for 6 Months**

Kindly include a copy of the child's most recent hearing screening results and/or NBHS as well as any pertinent medical records.

Physician's Printed Name: _____

Physician's NPI: _____

Physician's Signature: _____

Date: _____

Facility's Name: _____

Facility's Contact (phone/fax)**:** _____ / _____

Phone: 470-289-3699 **Fax: 470-289-3840** **Email: info@accessibletx.com**