



Phone: (270) 688-8449
Fax: (270) 240-4840
Email: newpatients@theratreepeds.com

Physician Order Request

Patient Name: _____ Date of Birth: _____

1 Insurance: _____ ID: _____

2 Insurance: _____ ID: _____

Parent/Caregiver: _____ Phone: _____

Patient contact info/demographics included: Yes No

Is a translator needed? No Yes, Language: _____

SERVICE

Occupational Therapy: Evaluation and Treatment

Speech Therapy: Evaluation and Treatment

Physical Therapy: Evaluation and Treatment

Applied Behavior Analysis Therapy (ABA): Evaluation and Treatment

Mental Health Therapy (Counseling): Evaluation and Treatment

LOCATION:

Owensboro: 2605 New Hartford Rd, KY 42303

Henderson: 110 N Water St Suite B, KY 42420

Louisville: 812 S 2nd St, KY 40202

Diagnosis: ICD-10: _____ Description: _____

Diagnosis: ICD-10: _____ Description: _____

Diagnosis: ICD-10: _____ Description: _____

Diagnosis: ICD-10: _____ Description: _____

Physician Name: _____ Facility: _____

Phone: _____ Fax: _____

Physician Signature: _____ Date: _____