



Fax to FYZICAL Southpoint at 919-585-4615

1125 W NC Hwy 54, Suite 503, Durham, NC 27707

(919) 585-4655 www.fyzical.com/southpoint-nc

PHYSICIAN'S ORDERS FOR **OCCUPATIONAL THERAPY** EVALUATION & TREATMENT

Patient Name: _____

Patient DOB: _____

Referring Physician Name: _____

Referring Clinic: _____

Referring Physician Phone: _____

Referring Physician's Fax: _____

Plan of Care:

•

X Evaluate patient for (circle as many as apply): Pelvic Health/Incontinence Balance Retraining
 Geriatric Driving Evaluation ADL/IADLs/Executive Functioning

X Begin OT 2x per week for 12 weeks

Treatment Diagnosis (ICD-10 code/s): _____

Physician Signature

Date Signed

Physician's Name Printed

Physician's Individual NPI

Melissa Wickham, OTR/L
(Therapist Signature)

Date Signed