

PATIENT PRESCRIPTION FOR PT / OT

To send a client to **Excel-Lin Therapy Solution**, please complete the information below and fax this form to:

Phone: 1-714.528.1718

EXCEL-LIN THERAPY SOLUTIONS will contact the client to provide information about **EXCEL-LIN** services. If you have any questions, please contact us at **714.271.7578**.

Patient Name: _____

Date: _____ Phone Number: _____ Ext #: _____

Email: _____ Address: _____ Zip: _____

Date of Birth: _____

Diagnosis / Medical Condition

For the following services:

- Physical Therapy Consultation _____
- Occupational Therapy

Additional Notes: _____

Desired State of Care Dat: _____

Number of Sessions Per Week _____ Number of weeks: _____

RX (precautions, Rehab, Pre-Op Home Assessment, etc)

Physicians First, Last Name: _____

Clinic Name: _____

Fax Number: _____

Phone Number: _____

Physician E-Mail: _____