BRAZOS VALLEY
REHABILITATION CENTER

Brazos Valley Rehabilitation Center
1318 Memorial Drive
Bryan, Texas 77802
Voice: 979.776.2872
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www.brazostherapy.org

PRESCRIPTION/LETTER OF MEDICAL NECESSITY

Patient's Name : _____ Parent or Guardian _____
Date of birth _____ Phone number _____
Primary Insurance: _____ Insurance ID#: _____

☐ ***Evaluate and treat*** ☐ ***Evaluate Only*** ☐ ***Re-evaluate***

Therapy	Frequency	Duration
☐ Physical Therapy		
☐ Occupational Therapy		
☐ Speech-Language Therapy		

Diagnosis:

Precautions/Contradictions/Orders:

Anticipated Goals are to improve deficits in the following areas:

☐ Gross Motor Coordination
☐ Fine Motor Coordination
☐ Gait training
☐ Posture Re-education
☐ Strengthening
☐ Range of Motion
☐ Sensory Integration
☐ Activities of Daily Living
☐ Articulation
☐ Fluency/Stuttering
☐ Receptive/Expressive Language
☐ Voice
☐ Oral Motor
☐ Feeding/Oral Aversion
☐ Cognitive Rehabilitation
☐ Assistive Technology
☐ Other

Rehabilitation Potential ☐ Excellent ☐ Good ☐ Fair ☐ Poor

The therapy service(s) for the above named patient is/are medically necessary. A licensed therapist will evaluate my patient.

Physician Signature:	**Date:**
Physician's Printed Name:	**UPIN #:**
Phone/Fax:	**NPI:**
Physician's Address:	