**Sanilac County Community Mental Health Authority**

**Prescription for OT/PT Professional Treatment**

**PART II: Prescription for OT/PT *Service and/or Equipment***

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| --- | --- | --- |
| Name: Name.  Case #: Case Number. | Date of Request: Click here to enter a date. | |
| Diagnosis: Click here to enter diagnosis. | | |
| Treatment Ordered: OT Services PT Services | | |
| Description of Service or Item being prescribed: Click here to enter text. | | |
| Amount and length of time service or item is needed (include start date, if different from the prescription date): Click here to enter text. | | |
| Physician Signature:  Approve Deny | | Date: Click here to enter a date. |
| Physician Printed Name: Physician Name. | | |
| Physician Address: 227 E. Sanilac Avenue, Sandusky, MI 48471 | | Physician Phone: 810-648-0330 |

**Order expires one year from date of Physician’s Signature on order, unless otherwise specified.**