

**Dynamic Therapy Associates, Inc.**  
*Speech Language & Occupational Therapy*  
 3105 Creekside Village Dr., Suite 604, Kennesaw, GA 30144  
 Ph: 770-974-2424 Fax: 1-866-384-6451 Email: mydynamictherapy@bellsouth.net

## Physician Prescription

### Patient Information

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient Address \_\_\_\_\_

### Clinical Information

Medical Diagnosis \_\_\_\_\_

Communication Diagnosis \_\_\_\_\_

Procedure:	Code:	Procedure:	Code:
Speech Language Evaluation	92506	Orthotics Management & Training	97760
Speech Language Therapy	92507	Prosthetic Training	97761
Swallowing Evaluation	92610	Therapeutic Activities-Direct	97530
Speech Generating Device Evaluation	92597	Self-Care/Home Management Training	97535
Treatment of Swallowing Dysfunction	92526	Work Reintegration Training	97537
Speech Generation Device Treatment & Modification	92609	Manual Therapy Techniques	97140
Development of Cognitive Skills	97532	Wheelchair Management	97542
Sensory Integration Therapy	97533	Ortho/Prosthetic Checkout	97762
OT Evaluation	97003	Physical Performance Test	97750
OT Re-Evaluation	97004		

\_\_\_\_\_X's per week for \_\_\_6 months \_\_\_ 1 year.

### Physician Information

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**License#:** \_\_\_\_\_