

Dynamic Therapy Associates, Inc.

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Suite 604 3105 Creekside Village Dr. Kennesaw, GA, 30144



Prescription For Therapeutic Services

Patient Name:

Date of Birth:

Medical Diagnosis:

Evaluation Codes		Treatment Codes	
	Evaluation of Speech Fluency 92521		Speech and Language Therapy 92507
	Evaluation of Speech Sound Production 92522		SGD Treatment and Modification 92609
	Evaluation of Oral Motor /Swallowing 92610		Treatment of Swallowing Dysfunction 92526
	Evaluation for Speech Generating Device 92607		Self-Care/Home Management Training 97535
	Evaluation of Language Comprehension and Expression 92523		Therapeutic Activities-Direct 97530
	Evaluation of Voice Prosthesis or Augmentative Communication 92597		Therapeutic services for use of non speech generating devices, including programming and modification 92606
	Behavioral and qualitative analysis of voice resonance 92524		Sensory Integration Therapy 97533
	Assessment of Aphasia 96105		

2 times per week per treatment code for a duration of 6 months.

I have reviewed a copy and agree with the Speech-Language Pathologist's completed Written Plan of Care.

Medicaid Provider # _____ Medicaid NPI: _____

Physician's Name (print): _____ License # _____

Address: _____

Phone: _____ Fax: _____

Physician's Signature: _____ Date: _____