

Dynamic Therapy Associates, Inc.
 3105 Creekside Village Drive, Suite 604
 Kennesaw, GA 30144
 Phone: 770-974-2424 Fax: 1-866-384-6451
 Email: info@mydynamictherapy.com
www.mydynamictherapy.com

Prescription For Therapeutic Services

Patient Name:
 Date of Birth:
 Medical Diagnosis:

	Evaluation	Code:		Treatment	Code:
	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 Treatment.

Medicaid Provider # _____ Medicaid NPI: _____

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

Address: _____

Phone: _____ Fax: _____

Physician's Signature: _____ Date: _____