

Therapy Prescription Form



NPI 1225445406

1225 N Expressway, #2A Brownsville, Texas 78520. Phone: 956-667-5050, Fax: 956-667-5051
www.valleyhealinghands.com, emailus@valleyhealinghands.com

(Please check or circle the services requested)

Outpatient Clinic **Home therapy**

Physical Therapy **Occupational Therapy** **Speech Therapy**

Patient's Name: _____ D.O.B: _____

Diagnosis: _____

Protocols/Requirements/Precautions/Frequency/Comments: _____

Patient's contact information: _____

Patient's Insurance Information: _____

Referred by: _____

Signature

Date: _____

Thank you for referring, please fax this to 956-667-5051.

"I couldn't move or raise my right arm and in one visit when the therapist was done with my first session immediately I was able to raise and have mobility! I thought wow fantastic! I can actually move and I'm staying with this therapist"

"The therapy made me walk again thanks to god and the care here"

