



# REFERRAL FORM

**Pediatric Therapies of Southeast Georgia, LLC**  
 Karen M. Parks MS, OTR/L owner/operator/provider  
 Shelly Good OTR/L, Timi Horton MS, CCC-SLP, and Heather Page OTR/L  
 Pediatric Occupational and Speech Therapists  
 2601 Parkwood Drive Suite E  
 Brunswick, GA 31520  
 Office: 912-996-2069  
 Fax: 912-265-0041

PATIENT: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

MEDICAL DIAGNOSIS: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

PARENTS/CAREGIVERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

INSURANCE TYPE: \_\_\_\_\_

### Physician's Statement of Medical Necessity and Services

The above named individual is currently under my medical care. I am requesting the indicated evaluation and treatment.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

### Rehabilitation Services

- Occupational Therapy Eval  
CPT Code: 97003
- Speech Language Eval  
CPT Code: 92523

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE FAX REFERRAL TO:  
912-265-0041**