



CENTER FOR  
SPEECH, LANGUAGE,  
AND LEARNING INC.

6230 Tenth St., Suite 220  
Oakdale, MN 55128  
651-739-2300  
Fax 651-739-2302

## PRESCRIPTION / PHYSICIAN'S ORDER FORM

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First MI

Diagnosis:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

Insurance:

**Speech Therapy** ● **Occupational Therapy** (CIRCLE SERVICES)

\_\_\_\_\_ Evaluate and Treat

\_\_\_\_\_ Days per week for \_\_\_\_\_ weeks

\_\_\_\_\_ As needed, per therapist recommendation

Comments/Specific instructions:

Physician's Name: (Print)

\_\_\_\_\_ NPI \_\_\_\_\_

Physician's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Physician's Address:

\_\_\_\_\_

Physician's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Please fax referral form to CSLL at **651-739-2302** to expedite your patient's prior authorization and scheduling process.

**THANK YOU FOR CHOOSING  
CENTER FOR SPEECH, LANGUAGE AND LEARNING, INC.!**