**Sanilac County Community Mental Health Authority**

**Prescription for OT/PT Professional Treatment**

**PART II: Prescription for OT/PT *Service and/or Equipment***

|  |  |
| --- | --- |
| Name: Name. Case #: Case Number. | Date of Request: Click here to enter a date. |
| Diagnosis: Click here to enter diagnosis. |
| Treatment Ordered: [ ] OT Services [ ] PT Services  |
| Description of Service or Item being prescribed: Click here to enter text. |
| Amount and length of time service or item is needed (include start date, if different from the prescription date): Click here to enter text. |
| Physician Signature: [ ] Approve [ ] Deny | Date: Click here to enter a date. |
| Physician Printed Name: Physician Name. |
| Physician Address: 227 E. Sanilac Avenue, Sandusky, MI 48471 | Physician Phone: 810-648-0330 |

**Order expires one year from date of Physician’s Signature on order, unless otherwise specified.**