

Doctor, Nurse Practitioner or Physician Assistant **Order for School Health Related Support Services**

Student Name: _____
First Last

Birth Date: _____ / _____ / _____ NYC Student ID: _____
Month Day Year OSIS #

I have reviewed the recommendations on the student's IEP with respect to the therapies below and in my opinion, the following services are deemed medically necessary:

for each therapy on the student's IEP, mark one column and include ICD Code(s)

	Service IS Medically Necessary	Service, as written, IS NOT Medically Necessary	ICD Code(s) associated with each service
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">please blacken a circle only for services on the IEP</p>	<input type="radio"/>	<input type="radio"/>	<p>Occupational Therapy</p> <hr/> <hr/>
	<input type="radio"/>	<input type="radio"/>	<p>Physical Therapy</p> <hr/> <hr/>

 Ordering Doctor, PA or NP's Signature (an original signature is required)

 Date

 Ordering Doctor, PA or NP's Name

 Ordering Doctor, PA or NP's License Number

 Address (Street)

 Ordering Doctor, PA or NP's NPI Number

 Address (City, State, ZIP)

 Ordering Doctor, PA or NP's Medicaid Provider ID Number

 Telephone Number