



# Speech Therapy Prescription

Jessica Smith MA, CCC-SLP  
Office Phone: 316-304-5303

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Related Medical Diagnosis Codes (if applicable): \_\_\_\_\_

*Check one or more:*

- Speech Therapy Evaluate and Treat as Necessary
- Comprehensive Speech and Language
- Auditory Processing
- Augmentative and Alternative Communication (AAC)
- Articulation
- Feeding / Oral Motor
- Fluency
- Language
- Literacy
- Other \_\_\_\_\_

Referring Physician: \_\_\_\_\_

NPI: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Office Fax #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

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

Fax all therapy prescriptions to: **Attn. Crafty Speech Therapy 316-347-7945**