



**Elevate Pediatric Therapies**  
1110 W. Will Rogers Blvd. • Claremore, OK 74017  
(918) 341-4343 • Fax (918) 341-8687

[www.elevatepedsok.com](http://www.elevatepedsok.com)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD-9 Code: \_\_\_\_\_

Evaluate and Treat as Indicated: \_\_\_\_\_PT \_\_\_\_\_OT \_\_\_\_\_ST

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF TREATMENT**

- Activities of Daily Living     Swallowing     Fine Motor     Gross Motor     Visual Motor/Processing  
 Sensory Processing     Orthotics     Oral Motor/Feeding     Articulation     Language

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

<p><b>Physician's Name</b> (printed): _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____ Fax: _____</p>
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