

# DeWitt-Lavaca Special Education Cooperative School-based Therapy Prescription



School Year: \_\_\_\_\_ - \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Check all that apply.

- Physical therapy** to be provided through the school district
- Occupational therapy** to be provided through the school district

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Physician's Name

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
NPI Number

\_\_\_\_\_  
Physician's Fax Number

For additional information, contact DeWitt-Lavaca Special Education Cooperative at:  
(361) 293-2854 Fax (361) 293-6826  
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Yoakum, Texas 77995

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