

DeWitt-Lavaca Special Education Cooperative School-based Therapy Prescription



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
402 Hubbard Street PO Box 737
Yoakum, Texas 77995

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