

**Brantley County School System
Medical Prescription for Therapy**

Doctor's Name: _____ Fax # _____

Office Address: _____ Office Phone: _____

Patient Name: _____

DOB: _____ Medicaid # _____

In keeping with the documentation requirements for CISS Medicaid billing, we are sending the following information for you to **review, sign and date.**

This patient is currently receiving the following medical based service(s) in the Brantley County School System, but we are requesting the following prescription for our records, as they are needed annually:

SPEECH THERAPY NURSING THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY

**Evaluate and Treat Per Plan of Care
(TO BE COMPLETED BY PHYSICIAN)**

Medical Diagnosis: _____

Medical Diagnosis Code: _____

Contraindications: _____

Physician's Name: _____ **NPI#** _____

X Physician's Signature: _____ **Date:** _____

Please sign the Prescription and the Plan of Care and remit to:

**Brantley County Board of Education
Attn: Special Education / Wendy Lee
272 School Circle
Nahunta, GA 31553
Telephone: 912-462-6612
Fax: 912-462-6119**

I authorize the release of information specified to the Brantley County School System for the above named physician.

X _____
Parent / Guardian Signature

Date