



SPEECH THERAPY PRESCRIPTION & REFERRAL FORM

Patient's Name: _____ Date of Birth: _____
 Contact Name: _____ Phone No.: _____

Commonly Used ICD-10 Codes (Check all that apply)

<input type="checkbox"/>	F80.0 – Phonological processing disorder / Articulation disorder
<input type="checkbox"/>	F80.1 – Expressive language disorder
<input type="checkbox"/>	F80.2 – Mixed receptive-expressive language disorder
<input type="checkbox"/>	F80.4 – Speech and language developmental delay due to hearing loss
<input type="checkbox"/>	F80.89 – Other developmental disorders of speech and language
<input type="checkbox"/>	Q90.9 – Down Syndrome, unspecified
<input type="checkbox"/>	R13.10 – Dysphagia, unspecified
<input type="checkbox"/>	R41.841 – Cognitive communication deficit
<input type="checkbox"/>	R48.2 – Apraxia
<input type="checkbox"/>	R48.8 – Other symbolic dysfunction (secondary to a neurological condition)
<input type="checkbox"/>	R49.9 – Unspecified voice and resonance disorder
<input type="checkbox"/>	R63.3– Feeding difficulties

Conditions Commonly Associated with Treatment of Pediatric Patients

<input type="checkbox"/>	F80.81 – Childhood onset fluency disorder (Stuttering/Cluttering)
<input type="checkbox"/>	F84.0 – Autistic disorder
<input type="checkbox"/>	R62.0 – Delayed milestone in childhood
<input type="checkbox"/>	R62.5 – Other and unspecified lack of normal physiological development in childhood

Conditions Commonly Associated with Treatment of Adult Patients

<input type="checkbox"/>	I69.91 – Cognitive deficits following unspecified cerebrovascular disease
<input type="checkbox"/>	I69.920 – Aphasia following unspecified cerebrovascular disease
<input type="checkbox"/>	R47.1 – Dysarthria and anarthria

Other: (please list any specific ICD-10 Code and description)

Speech-Language Pathology Service(s)

_____ Evaluation / Treatment Evaluation Only _____

Physician's Signature: _____ Date: _____
 Physician's Printed Name: _____ NPI#: _____

***When signed by a physician, this form acts as a prescription for therapy services.
 Please fax this form along with any additional relevant medical information to 980-938-6088.***

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