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Occupational Therapy Prescription:

Patient Name:

D.O.B.

ICD-10 Code (if applicable):

Referring Provider:

Precautions/Comments:

	OT Eval and Treat
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Concerns:

	Feeding difficulties (breast, bottle, other)	Torticollis or other asymmetry
	Slow weight gain	Plagiocephaly
	Failure to thrive	Scaphocephaly
	Reflux	Brachycephaly
	Colic	Pre-op Therapy TOT release
	Using a nipple shield	Post-op Therapy TOT release
	Tongue tie (ankyloglossia)	Developmental Play Group
	Lip Tie	Other

Provider notes:

Signature:

Date: