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Dobbs Ferry School District
Independent Thinkers Change Worlds

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Jean Gismervik
Director
Special Education

PRESCRIPTION ~REFERRAL FOR PRESCHOOL EVALUATIONS ~ SERVICES

Student Name: _____ **DOB:** _____

District: Dobbs Ferry

The child named above is recommended for the following:
(You must provide the **most specific ICD10 Code** for each Evaluation/Service checked)

Effective October 1, 2015 all written orders/referrals must contain an ICD10 Code

EVALUATION(S)			**SERVICE(S)** Frequency & Duration as per the IEP, for the School Year: _____ to _____		
__ Audiological	ICD10 Code	_____	__ Audiological	ICD10 Code	_____
__ Occupational Therapy	ICD10 Code	_____	__ Occupational Therapy	ICD10 Code	_____
__ Physical Therapy	ICD10 Code	_____	__ Physical Therapy	ICD10 Code	_____
__ Speech*	ICD10 Code	_____	__ Speech*	ICD10 Code	_____
__ Skilled Nursing**	ICD10 Code	_____	__ Skilled Nursing**	ICD10 Code	_____
__ Psychological***	ICD10 Code	_____	__ Psychological Counseling***	ICD10 Code	_____
*** Reason/Need: _____			*** Reason/Need: _____		

* Referrals for Speech Evaluation or Services may be signed by a Speech Language Pathologist who has seen the child
** Referrals for Skilled Nursing Services require specific physician's order with specific instructions
*** Referrals for a Psychological Evaluation or Psychological Counseling Services may be signed by an appropriate school official such as school administrator or the chairperson of the CPSE or a licensed practitioner acting within his/her scope of practice; Psychological Evaluation and/or Psychological Counseling can have ICD10 Code OR Reason Need: all others need ICD10

_____ Date: _____
Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional explained below.

Print Name: _____ Title: _____
Address/Printed or Stamp:
_____ NPI #_____
_____ License # _____
_____ Medicaid # _____
Phone: _____ Fax: _____

~A copy of this form or its equivalent must be sent to the County~
Facsimile or photocopy of this is acceptable
~Changes in frequency, duration or type of service need new prescription/referral~