Marshall
Therapy & Sports Rehab

256.571.8857 **(Phone)**
256.571.8860 **(Fax)**

Pediatric Speech Therapy Physician Order

Date: _____

Patient's Name: _____

DOB: _____ **Phone Number:** _____

Parent / Guardian's Name : _____

Diagnosis: _____

_____

Order: ☑ ***Evaluate and treat as determined by therapist.***

☑ ***Pediatric Speech Therapy***

☐ ***Progress Note or H&P attached***

Frequency & Duration of Treatment: _____

Ordering Physician: _____

_____ _____ / _____ / _____ _____ : _____ AM / PM

Physician's Signature ***Date*** ***Time***

☐ **Marshall Therapy & Sports Rehab - North**
Marshall Medical Center North Campus
40 Medical Park Drive
Guntersville, AL 35976

☐ **Outpatient Services**
at Marshall Medical Center South
Located inside the hospital – Please enter through the Outpatient Services entrance, which faces HWY 431.
2505 US Highway 431
Boaz, AL 35957

Please fax order to 256.571.8860. For more information, visit www.mmcenters.com/facilities