



The SpOT Clinic

An All Talk, LLC Company

Date: _____

Name: _____ DOB: _____

Parent/Guardian Name : _____

Phone: _____

EVALUATE & TREAT

Diagnosis Code(s): _____

_____ Occupational Therapy _____ Physical Therapy

_____ Speech Therapy _____ Feeding Therapy

(feeding therapy must be in addition to a referral for Occupational Therapy and/or Speech Therapy)

Comments:

Referring Provider Signature

NPI

Referring Provider Printed Name

The SpOT Clinic
200 Lime Quarry Road
Madison, AL 35758
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(256) 542-1980 Fax

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Suite 1A
Gulf Shores, AL 36542
(251) 200-4750 Phone
(251) 200-4752 Fax

The SpOT Clinic
327 Old HWY 431 S, Suite C
Owens Cross Roads, AL 35763
(256) 517-9277 Phone
(256) 517-9279 Fax