

Date:	
Name: DOB:	
Parent/Guardian Name :	
Phone:	
EVALUATE & TREAT	
Diagnosis Code(s):	
Occupational TherapySpeech Therapy (feeding therapy must be in addition to a referral Speech Therapy) Comments:	Feeding Therapy
Referring Provider Signature	NPI
Referring Provider Printed Name	

The SpOT Clinic 200 Lime Quarry Road Madison, AL 35758 (256) 542-1970 Phone (256) 542-1980 Fax

The SpOT Clinic 901 Commerce Drive, 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