

OUTPATIENT OCCUPATIONAL THERAPY PRESCRIPTION

Hand to Shoulder Wellness, PLLC
Occupational Therapy Upper Extremity Specialist
Fax: 804-223-0984 | Phone: 804-223-0984



Patient Name: _____

DOB: _____ **Contact Information:** _____

Diagnosis / Reason for Referral:

Order:

- Occupational Therapy Evaluation & Treatment**

Precautions / Special Instructions

Referring Provider (print): _____

Signature: _____ **Date:** _____

Fax Referral To:
Hand to Shoulder Wellness, PLLC
Fax: 804-223-0984