



Rady Children's Hospital – San Diego
3020 Children's Way
San Diego, CA 92123-4282

DTR2203

DTR2203

PATIENT INFORMATION

Name: _____
MR#: _____ Finance: _____
DOB: _____
MD: _____

Developmental Services Prescription Form

Physical Therapy Occupational Therapy Speech Therapy Audiology

Location:

- | | | | | | |
|--|---|---|--|---|--|
| <input type="checkbox"/> San Diego
OT/PT/Speech
3665 Kearny Villa Rd.
Suite #300
San Diego, CA 92123
Phone: 858-966-8100
Fax: 858-966-5859 | <input type="checkbox"/> San Diego
Audio
3665 Kearny Villa Rd.
Suite #400
San Diego, CA 92123
Phone: 858-966-8100
Fax: 858-966-8144 | <input type="checkbox"/> Oceanside
OT/PT/Speech/Audio
3605 Vista Way
Suite #201
Oceanside, CA 92056
Phone: 858-966-8100
Fax: 760-945-0758 | <input type="checkbox"/> Torrey Hills
OT/PT/Speech
11752 El Camino Real
Suite #100
San Diego, CA 92130
Phone: 858-966-8100
Fax: 858-793-1153 | <input type="checkbox"/> Escondido
PT/Audiology
625 W. Citracado Pkwy.
Suite #102
Escondido, CA 92025
Phone: 858-966-8100
Fax: 760-294-9259 | <input type="checkbox"/> Chula Vista
OT/PT/Speech
333 H Street
Suite #3010
Chula Vista, CA 91910
Phone: 858-966-8100
Fax: 619-476-4464 |
|--|---|---|--|---|--|

PLEASE PRINT AND USE BLACK INK

Date _____ M.R. # _____
Last Name _____ First Name _____ M.I. _____
Patient's Phone _____ DOB _____ Age _____

Funding:

- PPO _____
Insurance Company _____
- HMO (For evaluations, authorizations must be initiated by the patient's Primary Care Physician)
 CCS / Medi-Cal
 Self Pay
 Other: _____

Diagnosis: _____ ICD-9 Code: _____

Physician's Signature _____ M.D. Lic. No. _____
Physician's Printed Name _____ M.D. Date _____

PLEASE RETURN TO THE OFFICE CHECKED ABOVE