



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

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
Audiology
3665 Kearny Villa Rd.
Suite #400
San Diego, CA 92123
Phone: 858-966-8100
Fax: 858-966-7803 | <input type="checkbox"/> Oceanside
OT/PT/Speech/Audiology
3605 Vista Way
Suite #201
Oceanside, CA 92056
Phone: 858-966-8100
Fax: 858-966-8511 | <input type="checkbox"/> Torrey Hills
OT/PT/Speech
11752 El Camino Real
Suite #100
San Diego, CA 92130
Phone: 858-966-8100
Fax: 858-966-8512 | <input type="checkbox"/> Escondido
PT/Audiology
2125 Citracado Pkwy.
Suite #200
Escondido, CA 92029
Phone: 858-966-8100
Fax: 858-966-8518 | <input type="checkbox"/> Murrieta
OT/PT/Speech
25170 Hancock Ave.
Suite # 175 Audiology
Suite #275 OT/PT/SP
Murrieta, CA 92562
Phone: 858-966-8300
Fax:858-966-8253 Audiology
Fax:858-966-8251 OT/PT/SP |
|--|---|---|--|---|---|

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