HENDRICK HUDSON SCHOOL DISTRICT

Office of Pupil Personnel Services

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ELLEN GARGUILO
Assistant Director of PPS

LISA SCHUCHMAN
Executive Director of PPS

CHRISTOPHER MORENO
Interim Assistant Director of PPS

PRESCRIPTION FOR RELATED SERVICE(S)

Student Name: _____ DOB: _____

District: _____HENDRICK HUDSON SCHOOL DISTRICT_____

The child named above is recommended for the following:
(You must provide the **most specific ICD10 Code** (5 digit if possible) for each Evaluation/Service checked)

Frequency & Duration as per the IEP for the _____ - _____ school year.

__ Occupational Therapy ICD10 Code _____

__ Physical Therapy ICD10 Code _____

Reason/Need: _____

_____ Date: _____
Original Signature of Physician, Physician Assistant, Nurse Practitioner or other professional explained below.

Print Name: _____Title:_____
Address/Printed or Stamp:
_____ NPI #_____
_____ License # _____
_____ Medicaid # _____
Phone: _____ Fax: _____

****IF FAXING THIS FORM, PLEASE MAKE A COPY OF IT FIRST, OR ORIGINAL FORMS CAN BE SENT VIA EMAIL OR THROUGH REGULAR MAIL.****