HUNTINGTON HOSPITAL
OUTPATIENT REHAB SERVICES

100 W California Blvd, La Vina Bldg, 1st floor
Pasadena, CA 91105
Phone: (626) 397-5153 Fax: (626) 397-2947

REQUEST FOR SERVICE

Patient Name: _____

Diagnosis: _____ICD9: _____

- ❑ Physical Therapy Evaluation and Treatment
- ❑ PT Wound-care Evaluation and Treatment
- ❑ Occupational Therapy Evaluation and Treatment
- ❑ OT Hand Therapy Evaluation and Treatment
- ❑ Speech Therapy Evaluation and Treatment
- ❑ Dysphagia Therapy Evaluation and Treatment
- ❑ Fluoroscopic Swallowing Evaluation
- ❑ Audiology Consultation

Frequency/Duration: _____ times per week for _____ weeks

Instructions/Precautions: _____

_____

MD Signature: _____ Date: _____

MD Phone: _____ MD Fax: _____