



RUSK INSTITUTE REHABILITATION
 240 East 38th Street
 New York, NY 10016
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 212-263-6033

**Outpatient Occupational Therapy
 Assistive Technology Referral**

OCCUPATIONAL THERAPY – ASSISTIVE TECHNOLOGY

FAX to the RUSK BUSINESS OFFICE at (212) 263-0113

Date: _____ Patient Name: _____

Gender: Female Male Date of Birth: _____

Telephone Number: Home: (_____) _____ -- _____ Cell: (_____) _____ - _____

Patient Address: _____

Primary Insurance: _____ Policy Number: _____

Secondary Insurance: _____ Policy Number: _____

Insured Name: _____

.

Medical Diagnosis: _____ **ICD 9:** _____ **Onset Date:** _____

OT Prescription for: (please select)

_____ OT Assistive Technology Evaluation and Treatment

_____ ADL (Self Care Management)

_____ Community Reintegration

_____ Other _____

Physician Order Frequency and Duration: _____

.

Physician's Name (Please Print): _____

License Number: _____ **UPIN:** _____ **NPI#:** _____

Office Telephone: (_____) _____ - _____ **Office Fax:** (_____) _____ - _____

Physician's Signature: _____

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