



Tip of The Tongue
 REHABILITATION SERVICES LLC
Speech, Occupational, Physical Therapy

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 Alton, TX 78573
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Patient Name: _____ **DOB:** _____ **Phone:** _____

Diagnosis: _____

Special order / Precaution / Clinical Diagnostic Tests: _____

SPEECH THERAPY

- Evaluation and Treatment**
- Re-Evaluation and Treatment**
- Speech / Language Delay
- Fluency / Stuttering
- Voice Disorder
- Poor Speech Intelligibility
- Dysphagia / feeding &
- Swallowing Disorder
- Craniofacial Disorders
- Aural Rehab
- Other:

OCCUPATIONAL THERAPY

- Evaluation and Treatment**
- Re-Evaluation and Treatment**
- Pediatric Habilitation
- Neuromuscular Education /
- Reeducation
- Therapeutic Exercise / Activity
- Balance and Coordination
- Training
- ADL'S
- Adaptive / Equipment Training
- Upper Extremity Rehab
- Modalities
- Splinting
- Other:

PHYSICAL THERAPY

- Evaluation and Treatment**
- Re-Evaluation and Treatment**
- Manual Therapy
- Soft Tissue Mobilization
- Orthopedic Rehab
- Sports Rehab
- Balance Activities
- Neuromuscular Reeducation
- Massage / Myofascial Release
- Home Exercise Program
- Post-Surgical Rehab
- Pediatric Habilitation
- Gait Training
- Other:

Frequency: _____ a Week

Duration: _____ Months

I Certify the Medical Necessity for Therapy Service.

Physician's Name: _____

Date: _____

Physician's Signature