

6 Edwin Street, Morgantown, WV 26501
304-292-0173 Phone | 304-292-0174 Fax
PlayWorkscdc.com



Patient Full Name: _____ Date: _____

Diagnosis/Code (Required): _____

RX: Physical Therapy Occupational Therapy Speech Therapy

Frequency of Treatment _____ at Therapists Discretion

Comments/Other Treatment:

*Please contact your insurance company to authorize your therapy before your first visit.

Physician Signature

Printed Name