



HARLINGEN CLINIC:
2401 Ed Carey Dr., Ste. A
PHONE (956) 230-1605
Fax (956) 368-5030

BROWNSVILLE CLINIC:
4430 E. 14th Street, Unit E
PHONE (956) 542-6296
Fax (956) 238-2345

PHARR CLINIC:
805 N. Cage Blvd., Ste. J
PHONE (956) 291-0599
Fax (956) 622-4299

MISSION CLINIC:
2121 E. Griffin Pkwy.
PHONE (956) 997-5888
Fax (956) 997-5889

EDINBURG CLINIC:
3004 N. Closner Blvd., Ste. A
PHONE (956) 997-3997
Fax (956) 378-9332

REFERRAL FORM / PRESCRIPTION

Date: _____

Child's Information:

Name: _____ Gender: _____

Date of Birth: _____ Phone Number: _____

Insurance: _____ Policy/Medicaid #: _____

Diagnosis / ICD-10 Code: _____

Services Being Requested:

____ Speech Therapy ____ Occupational Therapy ____ Physical Therapy

____ Home Therapy ____ Outpatient Clinic

Special Instructions: _____

Frequency: _____ times per week

Duration: For _____ Weeks

Referring Physician: _____

Signature: _____ Fax: _____