

St. Luke's Therapy Services

Chesterfield
314-205-6185
Fax: 314-205-6214

Des Peres
314-966-9131
Fax: 314-984-2784

Ellisville
636-256-6849
Fax: 636-256-6870

O'Fallon
636-695-2558
Fax: 636-695-2559

Fenton
636-685-7789
Fax: 636-685-7794

St. Peters
636-685-7733
Fax: 636-685-7791

Day Therapy
314-966-9495
Fax: 314-984-2784

Physical Therapy **Occupational Therapy** **Speech Therapy**
 Day Therapy: PT OT ST **Massage Therapy**

Patient Name: _____

Date of Birth: ___/___/___ **Patient Telephone Number:** _____

Diagnosis: _____

EVALUATE AND TREAT **ICD-10 Code:** _____

Frequency: _____ **Duration:** _____

Precautions: _____

Special Instructions/Comments: _____

Physician Signature: _____ **Date:** ___/___/___

I certify outpatient rehabilitation/therapy is medically necessary.

Reminder to Patient - Schedule therapy ASAP - this prescription does expire.

Also you **must** bring this with you to your **1st** appointment.

St. Luke's Episcopal-Presbyterian Hospitals

Federal Tax ID#: 43-0652680