

SMART TALK SPEECH THERAPY

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Physician's Order

Name: _____ DOB: _____

___ Speech and Language Ongoing Therapy (CPT 92507)

___ Oral Motor/Feeding Ongoing Therapy (CPT 92526)

___ Cognitive Skills Ongoing Therapy (CPT 97532)

___ Delayed milestones R62.0

___ Other: _____

___ Failure to Thrive R62.51

___ Other: _____

___ Feeding, Oral-Motor Dysfunction R63.3

___ Social pragmatic communication disorder F80.82

___ Other feeding problems of newborn P92.8

___ Other specified cognitive deficit R41.84

___ Stuttering F80.81

___ Speech disturbance, NOS R47.9

___ Expressive Language Disorder F80.1

___ Mixed Receptive/Expressive Language Disorder F80.2

___ Articulation/Phonological Disorder F80.0

Physician's Signature: _____

Physician's NPI: _____

Print Name: _____

Date: _____