## Dynamic Therapy Associates, Inc.

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## Prescription For Therapeutic Services



Patient Name: Date of Birth: Medical Diagnosis:

Evaluation Codes		Treatment Codes
Evaluation of Speech Fluency	92521	Speech and Language Therapy 92507
Evaluation of Speech Sound Production	92522	SGD Treatment and 92609 Modification
Evaluation of Oral Motor /Swallowing	92610	Treatment of Swallowing 92526 Dysfunction
Evaluation for Speech Generating Device	92607	Self-Care/Home 97535 Management Training
Evaluation of Language Comprehension and Expression	92523	Therapeutic Activities-Direct 97530
Evaluation of Voice Prosthesis or Augmentative Communication	92597	Therapeutic services for use of 92606 non speech generating devices, including programming and modification
Behavioral and qualitative analysis of voice resonance	92524	Sensory Integration Therapy 97533
Assessment of Aphasia	96105	

2 times per week per treatment code for a duration of 6 months. I have reviewed a copy and agree with the Speech-Language Pathologist's completed Written Plan of Care.

Medicaid Provider #	Medicaid NPI:
Physician's Name (print):	License #
Address::	
Phone:	Fax:
Physician's Signature:	Date: