



ACCESS Speech Therapy, Inc.

1150 N. Douty Street, Suite A

Hanford, CA 93230-3783

PHONE: 559-423-0744 ~ FAX 559-354-8214

info@stonespeech.com

Patient's Name _____ DOB _____

Patient's Phone _____ Patient's Email _____

Evaluation and treatment as appropriate to diagnose

Diagnosis and special instructions/Precautions [Frequency: 1x 2x 3x for _____ weeks]

Physician's Signature _____ Date _____

I certify/approve that therapy services and the therapy plan of care are medically necessary.