



Prescription of Therapeutic Services

Date: _____

Therapy Type: Speech Occupational Physical

Patient Name: _____

Date of Birth: _____

Medical Diagnosis: _____

This patient’s medical condition requires **medical therapy** beyond that which may be received under his/her Educational Program (IFSP, EIS and IEP). The educational services do not adequately meet this child’s needs because:

- More intensity is needed
- Inappropriate timelines to access desired services
- The school setting does not adequately address all areas of need
- Patient attends a non-Department of Defense school in a PRIME (MTF) location

Description of Educational Program Therapy capabilities:

I will assume supervisory responsibility for this patient’s care and will review this child again in 3 months.

Kind regards,

(Primary Care Manager)

*Please fax form to attn: TOP Benefits Review Team
Prime (MTF) Locations: +44 208 762 8255
Remote Site Fax: +44 208 762 8125*