****

InsertDate

RE: InsertChildName

Dear Dr. InsertName:

The prescription below outlines occupational therapy and/or physical therapy services that have been requested for your patient. Therapy services are provided by the school district for purpose of assisting the child with his/her educational needs.

Services for occupational therapy or physical therapy cannot be provided without your written consent below. Please indicate your consent of the services listed by signing the form below and returning it by fax or mail to our office. Thank you.

Sincerely,

InsertYourName