



12405 Macon Road
Collierville TN 38017
901-290-1011
Fax 901-328-6328
information@southernreins.org

PRESCRIPTION REQUEST

Re:

DOB:

Dear Dr.

The purpose of this letter is to obtain a prescription so that we may perform a Physical Therapy, Occupational Therapy, or Speech Language Pathology evaluation of your patient and provide direct therapy services if needed.

This request is being made with the parental or patient approval as a piece of their participation at Southern Reins Center for Equine Therapy.

Please sign, date and return to Southern Reins Center for Equine Therapy at 916 Billy Bryant Road, Collierville TN 38017 or fax us at 901-328-6328. If you have any questions or wish to speak with us, please contact us at 901-290-1011.

Thank you for your prompt reply.

Sincerely,

Jill A. Haag
Executive Director

(Please return both top and bottom portions of this form)

Physician Prescription for Southern Reins Center for Equine Therapy

RE:

DOB:

Check all three if applicable: _____ Occupational Therapy _____ Physical Therapy _____ Speech Language Pathology

Services to include: _____ Evaluation _____ Therapy Services as needed

Specific concerns/other relevant information: _____

Referring M.D. _____ Date: _____