



1704 Winston Court, Woodstock, GA 30189
678-494-6616 www.beats-inc.org

PHYSICIAN PRESCRIPTION

Client Name _____ DOB _____

Diagnosis _____ ICD Code _____

Precautions _____

I recommend that this client participate in

- _____ Physical Therapy
- _____ Occupational Therapy
- _____ Speech Therapy

Evaluate and treat – to include use of equine movement and/or aquatic therapy as appropriate

_____ days/week x _____ months

Physician Signature _____ Date _____

Physician Name _____ UPIN # _____

Address _____

Phone _____ Fax _____