



Ordering Provider: Name(s) / Number(s)

Rehabilitation Services

Name (Last): _____ (First): _____ (M.I.): _____

Birth Date: _____ Sex: Male Female Phone number _____

ALL ORDERS REQUIRE A SIGNATURE FROM THE PROVIDER TO PROCESS

Ordering Provider Signature: _____ Date _____ Time _____

Provider Name (Print) : _____ Primary Care Provider Name (Print) : _____

Primary Diagnosis (es) & ICD-10 Code(S) or symptoms: _____

Bronson Rehabilitation: **Please fax all orders to the appropriate fax #**

- Kalamazoo County: PT/OT/SLP: **Fax # (269) 341-6688**
 - John Street Building (PT,OT only)
 - Elm Valley Drive
 - Vicksburg
 - Videofluoroscopic Swallow **Call** Central Scheduling (269)- 341-8700
- Kalamazoo County: PT Only
 - Centre **Fax # (269) 488-3630**
 - Turwill Lane **Fax # (269) 382-8495**
 - West Main **Fax # (269) 488-8359**
 - Burn (OT & PT) **Fax # (269) 341-8502**
- Calhoun County: PT/ OT / SLP **Fax #: (269) 245-4901**
 - Battle Creek
 - Videofluoroscopic Swallow **Call** Central (269) 245-8666 extension 5866 **or fax** (269) 245-8145
- Van Buren County: PT/OT/SLP
 - Paw Paw **Fax # (269) 657-1444**
 - South Haven **Fax # (269) 639-2928**
 - Videofluoroscopic Swallow – Paw Paw **Call** (269) 657-1490
 - Videofluoroscopic Swallow – South Haven **Call** (269) 639-2828, **Option 1**

Physical Therapy: <input type="checkbox"/> Eval and Treatment <i>Specialty Services</i> <ul style="list-style-type: none"> <input type="checkbox"/> Aquatic Therapy <input type="checkbox"/> Vestibular Eval and Tx <input type="checkbox"/> Burn Rehabilitation <input type="checkbox"/> PT Pelvic Floor Eval and Tx (820 John Street only) 	Occupational Therapy: <input type="checkbox"/> Eval and Treatment <i>Specialty Services</i> <ul style="list-style-type: none"> <input type="checkbox"/> Cog Eval and Tx: OT & Speech <input type="checkbox"/> Cog Screen and Follow up (Eval if needed) <input type="checkbox"/> Cog Screen ONLY <input type="checkbox"/> Lymphedema Eval and Tx <input type="checkbox"/> Burn Rehabilitation <input type="checkbox"/> Pediatric Feeding Therapy
Speech - Language Pathology: <input type="checkbox"/> Eval & Treatment <i>Specialty Services</i> <ul style="list-style-type: none"> <input type="checkbox"/> Cog Eval and Tx <input type="checkbox"/> Cog Screen and Follow up (Eval if needed) <input type="checkbox"/> Cog Screen ONLY <input type="checkbox"/> Swallow Eval and Tx <input type="checkbox"/> Videofluoroscopic Swallow Study (One Visit Only) 	Occupational Health: <ul style="list-style-type: none"> <input type="checkbox"/> Ergonomic Job Analysis <input type="checkbox"/> Functional Capacity Assessment <input type="checkbox"/> Work Conditioning <hr/> Vicksburg or Battle Creek Parkinson Team: <ul style="list-style-type: none"> <input type="checkbox"/> Parkinson Team Evaluation and Tx PT, OT and SLP

PROVIDER INSTRUCTIONS AND AUTHORIZATION:

Precautions/Restrictions: _____