BRONSON

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

Bronson Rehabilitation Outpatient Order

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

Birthdate: _____ Sex: ☐ Male ☐ Female Phone Number: (_____) _____

ALL ORDERS REQUIRE A SIGNATURE FROM THE PROVIDER IN ORDER TO PROCESS

Ordering Provider Signature: _____ Date: _____ Time: _____

Ordering Provider Name *(print)*: _____

Primary Care Provider Name *(print)*: _____

Primary Diagnosis(es) & ICD-10 code(s) or symptoms: _____

_____

Bronson Rehabilitation Locations

P – Phone | F – Fax

Bronson Methodist Hospital (OP Burn Rehab Only) – P: (269) 341.6390 | F: (269) 341-8502

Bronson Battle Creek – P: (269) 245.8125 | F: (269) 245.8123 / **Bronson Centre** – P: (269) 488.3240 | F: (269) 488.3630

Bronson John St. – P: (269) 341.8024 | F: (269) 341.7594 / **Bronson LakeView (Paw Paw)** – P: (269) 657.1490 | F: (269) 657.1444

Bronson Osthemo Adult & Pediatrics – P: (269) 544.3230 | F: (269) 341.6688

Bronson Turwill – P: (269) 488.7380 | F: (269) 382.8495 / **Bronson South Haven** – P: (269) 639.2929 | F: (269) 639.2928

Exception Videofluoroscopic Swallow Study **call** Central Scheduling at (269) 341.8700

Physical Therapy:

- ☐ **Eval and Treatment**
- ☐ *Specialty Service:* _____

Occupational Therapy:

- ☐ **Eval and Treatment**
- ☐ *Specialty Service:* _____

Speech – Language Pathology:

- ☐ **Eval and Treatment**
- ☐ *Specialty Services*
  - ☐ Head / Neck Cancer Eval and Tx
  - ☐ Swallow Eval and Tx
  - ☐ Voice Eval and Tx
  - ☐ Videofluoroscopic Swallow Study (one visit only)

Occupational Health:

- ☐ Ergonomic Job Analysis
- ☐ Functional Capacity Evaluation
- ☐ Work Conditioning

Cognition:

- ☐ Cog Eval and Tx* (*If patient failed inpatient cog test, order Cog Eval and Tx [OT & SLP])
- ☐ Cog Test and Follow Up (Eval if needed)* (*If patient did not have an inpatient Cog Test, order Cog Test first [Completed ASAP - OT or SLP])

PROVIDER INSTRUCTIONS AND AUTHORIZATIONS:

Precautions/Restrictions: _____