

FAX to: 651-288-5188



Medcentra, LLC
Nasseff Specialty Center
225 Smith Avenue N.
Suite 301
St. Paul, MN 55102
Phone: 651-288-5180

Prescription Form

Patient Name:	Date:
Social Security #:	DOB:
Diagnosis:	

Please indicate services ordered:

- Pulmonary Rehab/CHECK ALL BELOW**
- Respiratory Therapy Evaluate & Treat
 - Physical Therapy Evaluate & Treat
 - Chest Physiotherapy (prn)
 - May use O₂ to keep SaO₂ ≥ 90%
 - Albuterol 2.5mg Nebulizer (prn)
 - Dietary Services Evaluate & Treat
 - MDI Spacer (prn)
 - Physical Therapy Evaluate & Treat
 - Occupational Therapy Evaluate & Treat
 - Medical Social Services Evaluate & Treat
 - Wound Care Evaluate & Treat
 - Speech-Language Pathology Evaluate & Treat
 - Home Safety Evaluation (*order only in conjunction with other services*)

TREATMENT ORDERS:

Please send copy of the patient's chart note related to the current request of treatment, as per Minnesota Stat. 144.335, Subd. 3a(b)(2) Access to Health Records-to other providers within related health care entities when necessary for the current treatment of the patient.

Physician's Name:	
Phone:	Fax:
UPIN:	NPI:
Physician's Signature:	Date: