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*North Carolina Infant-Toddler Program*

*Service Order Form*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child's Name: |  | | | | DOB: | |  | | CNDS #: | |  |
| Name of Early Intervention Service Coordinator (EISC): | | |  | | | | | Phone #: | |  | |
| Name of Children’s Developmental Services Agency (CDSA): | | | |  | | | | | | | |
|  | | | | | |
| Check [✓] | | Service Description | | | | Diagnoses - List all ICD-10 codes that apply with specific Rx codes listed first. | | | | | |
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|  | | Psychological Treatment (Individual/Group)/Evaluation | | | |  | | | | | |
|  | | Social Work Treatment (Individual/Group)/Evaluation | | | |  | | | | | |
|  | | Occupational Therapy/Evaluation | | | |  | | | | | |
|  | | Physical Therapy/Evaluation | | | |  | | | | | |
|  | | Speech & Language Therapy/Evaluation | | | |  | | | | | |
|  | | Audiological Treatment/Evaluation | | | |  | | | | | |
|  | | Medical Nutrition Therapy/Evaluation | | | |  | | | | | |
|  | | Community Based Rehabilitative Services - EI Professional | | | |  | | | | | |
|  | | Community Based Rehabilitative Services - Professional | | | |  | | | | | |
|  | | Community Based Rehabilitative Services - Paraprofessional | | | |  | | | | | |
|  | | Other [Specify]: | | | |  | | | | | |
|  | | Other [Specify]: | | | |  | | | | | |
|  | | Other [Specify]: | | | |  | | | | | |

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| --- | --- | --- | --- |
| **The service indicated is medically necessary for the above-named child.** | | | |
| **Signature of Physician or Other Authorized Signature:** | |  | |
| **Physician’s Printed Name:** |  | | |
| **Date Ordered:** |  | **\*Ordering Physician NPI Number:** |  |

**Directions:** Service orders are required for all services listed above.

Orders subject to DMA Prior Approval [PT, OT, SLP, and Audiological treatment services] must be renewed every six months.