



TheraCare Home Health

TREATMENT ORDER

Patient Name

Phone Number

Diagnosis

Patient Address

Date of Birth

Social Security #

Medicare #

Referring Physician

Physician Phone Number

Services Ordered (Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Home Health Aide, Medical Social Worker)

Physician Signature

Date

Please Print this Form, Complete it and Fax it to:

Texarkana area: (903) 794-4663
Houston area: (281) 488-4662
Dallas/Ft Worth area: (972) 434-9450
Austin area: (512) 459-3266