

# Speech-Language Pathology Order



**Patient's Name:** \_\_\_\_\_

**Patient's D.O.B:** \_\_\_\_\_

**Patient's Phone #:** \_\_\_\_\_

Physician's Order for Speech Language Pathologist to evaluate and treat.  
(check all that apply)

Speech Production	Language
<input type="checkbox"/> F80.81 Childhood Onset Fluency disorder  <input type="checkbox"/> F80.0 Articulation OR Phonological disorder	<input type="checkbox"/> F80.1 Expressive language disorder  <input type="checkbox"/> F80.2 Mixed receptive-expressive language disorder  <input type="checkbox"/> F80.4 Speech & Language Development delay due to hearing loss  <input type="checkbox"/> F80.8 Other Developmental Disorders of Speech and Language

**Physician's Signature:**  
\_\_\_\_\_

**Facility's Name**  
\_\_\_\_\_

**Physician's Printed Name:**  
\_\_\_\_\_

**Facility's Phone:**  
\_\_\_\_\_

**Date:**  
\_\_\_\_\_

**Facility's Fax:**  
\_\_\_\_\_