

Maine Order/Recommendation/Referral Form (ORRF)

Student Name: _____ DOB: _____

Current IEP Dates – From: _____ To: _____

District of Liability: _____

Case Manager: _____ Tel: _____

Recommendation for Speech and Hearing Services:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I recommend that speech and hearing services be provided to the above-named student in accordance with the determinations made by the IEP team and described in this student's current IEP, as these services are medically necessary.

Signature: _____ Credential: _____ Date: _____

Printed Name: _____ ICD-10 code: _____

Order for Occupational Therapy Services:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I order that occupational therapy services be provided to the above-named student in accordance with the determinations made by the IEP team and described in this student's current IEP, as these services are medically necessary.

Signature: _____ Credential: _____ Date: _____

Printed Name: _____ ICD-10 Code: _____

Order for Physical Therapy Services:

As a licensed practitioner of the healing arts, practicing within the scope of my practice, I order that physical therapy services be provided to the above-named student in accordance with the determinations made by the IEP team and described in this student's current IEP, as these services are medically necessary.

Signature: _____ Credential: _____ Date: _____

Printed Name: _____ ICD-10 Code: _____

Order for Children's Behavioral Health Day Treatment Services (Section 65):

As Qualified Staff*, I recommend that Children's Behavioral Health Day Treatment services be provided to the above-named student in accordance with the determinations made by the IEP team and described in this student's current IEP, as these services are medically necessary.

Signature: _____ Credential: _____ Date: _____

Printed Name: _____ ICD-10 Code: _____

*Clinicians as defined by Section 65.02-11