

**MARY LEE FOUNDATION REHABILITATION CENTER**

**1339 Lamar Square Drive**

**Austin, Texas 78704**

**Phone : 512-443-5777 Fax : 512-444-9949 c/o Admissions**

**DOCTOR'S ORDERS**

**Patient:** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_

**Printed Name of Physician:** \_\_\_\_\_

**Physician Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**I recommend to evaluate and treat \_\_\_\_\_ for outpatient**

**Physical Therapy**

**Occupational Therapy**

**Speech Therapy**

**at the *Mary Lee Foundation Rehabilitation Center***

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

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

