



**"Creating A Better Tomorrow, Today"**

**PHYSICIAN'S PRESCRIPTION  
FOR REPAIR OF SPEECH GENERATING DEVICE & OR ACCESSORIES**

**Patient Information:**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Facility Name (if applicable): \_\_\_\_\_

Patient Address: \_\_\_\_\_

**Clinical Information:**

Prescribed Date: \_\_\_\_\_ Length of Need: \_\_\_\_\_

DIAGNOSIS	ICD-9 CODE

**Rx for Repair of Speech Generating Device & or accessories listed below:**

\_\_\_\_\_  
\_\_\_\_\_

**Physician's Information:**

Physician's Name, printed: \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Complete Address: \_\_\_\_\_

UPIN # \_\_\_\_\_ Medicaid Provider # \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ NPI#: \_\_\_\_\_

**Please MAIL Original Completed Form to: Forbes Rehab Services, Inc.**

49 S. Illinois Avenue  
Mansfield, OH 44905  
ph. 888-884-2190