



**MARBLE FALLS
INDEPENDENT
SCHOOL DISTRICT**

Special Services Department
Dr. Shana Bunch-Fancher – Executive Director
1800 Colt Circle Marble Falls, Texas 78654 Phone (830)-798-3516 Fax 1-830-215-4961

July 19, 2023

Dear Parent/Guardian,

Your child is scheduled to receive supportive therapy to assist with his/her educational growth. Attached is the medical form that needs to be completed by your child's physician in order for us to provide services for the 2023-2024 school year. Once your physician has completed and signed the medical form, please return it to the Special Services Department via one of the following options:

- Hand deliver to your child's school front office
- Hand deliver or mail to Special Services:
MFISD Special Services, 1800 Colt Circle, Marble Falls, Texas 78654
- Email the form to ahoffmans@mfisd.txed.net - you will receive a confirmation email back when received.

Need another copy of the form? You can access the form on our MFISD website by going to www.marblefallsisd.org>Departments>Special Services>Parent Information or your physician's office can give us a call at 830-798-3517 and we will be happy to email the form directly to their office.

If there are any questions or concerns regarding services for your child, please give us a call.

We are looking forward to assisting your child in the upcoming school year.

Dr. Shana Bunch-Fancher
Executive Director, Special Services

**Marble Falls ISD has an unyielding commitment to love every child
and inspire them to achieve their fullest potential.**



**LEARNERS TODAY,
LEADERS TOMORROW,
MUSTANGS FOREVER!**

Marble Falls Independent School District
Special Services Department
1800 Colt Circle, Marble Falls, TX 78654
830.798.3517 Fax: 1-830-215-4961

**Occupational and/or Physical Therapy
Medical Referral Form**

Student's Name _____ DOB: _____
School: _____ Medicaid ID#: _____

Dr. _____ has my permission to provide the following information to the school district.

Parent/Guardian Signature _____
Date

PHYSICIAN - PLEASE COMPLETE THE FOLLOWING:

The above student is currently receiving services or has been referred by district personnel for a school based assessment and possible services by a registered Occupational Therapist and/or a licensed Physical Therapist. When assessment supports the need for services to further meet the student's education needs, the student must have a medical prescription. Your completion of the following information is appreciated.

****This prescription form will be valid for up to three calendar years unless otherwise indicated below by physician****

Diagnosis: _____

ICD9 Code: _____

Medical precautions (including diabetes, hearing condition, allergies): _____

Medications: _____

Recent surgeries: _____

- | | | |
|--|-----|----|
| 1. Do you prescribe PT for this student? | Yes | No |
| 2. Do you prescribe OT for this student? | Yes | No |
| 3. Is there any lower extremity weight bearing restrictions? | Yes | No |
| 4. Does this child have atlanto-axial instability? | Yes | No |
| 5. Is this child at risk for aspiration? | Yes | No |
| If yes, has a video fluoroscopy been completed? | Yes | No |
| 6. Are there any physical restrictions | Yes | No |
| If yes, please describe: _____ | | |

Recommendations: _____

Physician's Signature: _____ Date: _____ / _____ / _____

Physician's Name: _____ Physician's I.D. (UPIN/NPI): _____

Printed or Stamped

Physician's Address: _____ Physician's phone #: _____

****Return by email to ahoffmans@mfishd.txed.net**



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19 de July de 2023

Estimados Padres/Guardianes,

Su hijo está programado para recibir terapia de apoyo para ayudarle con su crecimiento educativo. Incluido con esta carta está un formulario médica que necesita ser completada por el médico de su hijo a fin de proporcionar servicios para el año 2023-2024. Una vez que el médico ha completado y firmado el formulario médico, devuélvalo al Departamento de Servicios Especiales a través de una de las opciones siguientes:

- Entrégalo a la oficina de la escuela de su hijo
- Envía lo por correo a: MFISD Special Services, 1800 Colt Circle, Marble Falls, Texas 78654
- Envía lo por correo electrónico a ahoffmans@mfisd.txed.net - usted recibirá un correo electrónico de confirmación.

¿Necesita otra copia del formulario? Lo puede encontrar en nuestra página web a www.marblefallsisd.org > departamentos > special services > parent information o la oficina de su médico nos puede dar una llamada en 830-798-3517 y seamos felices para enviar por fax el formulario directamente a su oficina.

Si hay preguntas o preocupaciones con respecto a los servicios para su hijo, por favor denos una llamada.

Esperamos ayudar a su hijo en el próximo año escolar.

Dra. Shana Bunch-Fancher
Directora Ejecutivo de Servicios Especiales

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**Terapia ocupacional o física
 Forma de referencia médica**

Nombre de estudiante _____ fecha de nacimiento: _____
 Escuela: _____ # de identificación de Medicaid: _____

Dr. _____ tiene mi permiso para proporcionar la siguiente información al distrito escolar.
 _____ / _____ / _____
 Firma del padre/guardián fecha

PHYSICIAN - PLEASE COMPLETE THE FOLLOWING:

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| 5. Is this child at risk for aspiration? | Yes | No |
| If yes, has a video fluoroscopy been completed? | Yes | No |
| 6. Are there any physical restrictions | Yes | No |
| If yes, please describe: _____ | | |

Recommendations: _____

Physician's Signature: _____ Date: _____ / _____ / _____

Physician's Name: _____ Physician's I.D. (UPIN/NPI): _____
Printed or Stamped

Physician's Address: _____ Physician's phone #: _____

****Return by email to ahoffmans@mfishd.txd.net**