LEGENDARY
Pediatric Therapy

Pediatric Therapy Referral

Fax to 801-447-0107 · Questions: (801) 443-7775
legendarypediatrictherapy.com/providers · Your own referral form is fine too

CHILD AND FAMILY

Child's full name

Date of birth

Sex

Primary language

Parent / guardian name

Parent phone

Parent email (optional)

Insurance plan

Member ID (optional)

Secondary insurance (optional)

Preferred location

- ☐ Draper — 12453 S 265 W Ste B
- ☐ Springville — 135 W 900 N
- ☐ Either / no preference

SERVICES REQUESTED

Check all that apply

- ☐ Occupational therapy
- ☐ Feeding therapy
- ☐ Speech-language therapy
- ☐ Physical therapy
- ☐ Child & family therapy
- ☐ Evaluation to determine needs

REASON FOR REFERRAL

Concerns, history and what you would like us to evaluate

Diagnosis / ICD-10 code(s), if known

Urgency

REFERRING PROVIDER

Provider name and credentials

NPI

Practice

Practice phone

Practice fax

Office contact / care coordinator

Provider signature

Date

CONFIDENTIAL: This fax contains protected health information shared for treatment. If you received it in error, please notify the sender at (801) 443-7775 and destroy it. Families may also call us directly: Draper (801) 443-7775 · Springville (385) 325-5560.