

fax

TO: **Helping Hands Therapy** FROM: **Office of Dr.** _____

ATTN: Pediatric Caseload Coordinator

FAX: **334-624-3960**

PAGES:

PHONE: **334-624-3950**

DATE:

RE: **Student Physical/Screening**

CC:

and Therapy Orders

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Please find enclosed the screening for one of the students on your caseload and my assessments of their therapy needs for the school year.