

# Prescription



## ***Rehabilitation Center for Children and Adults***

300 Royal Palm Way, Palm Beach FL 33480

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Patient's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Onset: \_\_\_\_\_

Precautions: \_\_\_\_\_

- Physical Therapy
- Occupational Therapy
- Speech-Language Therapy

X \_\_\_\_\_  
Physician's Signature & Date