



Three Gaits, Inc.

Therapeutic Horsemanship Center

MAILING ADDRESS:
P.O. Box 153
Oregon, WI 53575
Office: (608) 877-9086
www.3gaits.org

PHYSICAL ADDRESS:
3741 Hwy. 138 W
Stoughton, WI 53589
Fax: (608) 873-1929
3gaits@3gaits.org

Prescription Request

RE:

DOB:

Dear Dr.

The purpose of this letter is to obtain a prescription so that we may perform a Physical and/or Occupational Therapy evaluation of your patient and provide direct therapy services if needed. This request is being made with parental or patient approval as a piece of their participation at Three Gaits, Inc.

Please sign, date, and return to Three Gaits, Inc. at PO Box 153, Oregon, WI 53575 or fax to (608) 873-1929. If you have any questions or comments, please contact us at (608) 877-9086. Thank you for your prompt reply.

Sincerely,

Dena Duncan
Program Director

(Please return both top and bottom portion of this form.)

Physician Prescription for Three Gaits, Inc.

RE:

DOB:

Check both if applicable: _____ Occupational Therapy _____ Physical Therapy

Services to include: _____ Evaluation _____ Therapy Services as needed

Specific Concerns/Other Relevant Information: _____

Referring M.D. _____ Date: _____