Sonnenberg
ABA Consultants

Prescription for ABA services

Child's Name:

DOB:

Primary Diagnosis with ICD code : F84.0 Autism

Secondary Diagnosis (If applicable):

Authorization period: one you from signature or following time period:

I, _____, find the above patient to be an appropriate candidate for up to 45 hours of ABA therapy per week. I find the services to be beneficial and medically necessary.

☐ ABA evaluation and treatment

Physician: Signed

Date:

NPI #: