



ACC - RUSK INSTITUTE OF REHABILITATION MEDICINE

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Outpatient Chest Physical Therapy Referral Form

FAX to the AC&USKNTAKE / REGISTRATION at (212) 263-0633

Date: _____

Patient Name: (Last) _____ (First) _____

Date of Birth: _____ Gender (Please Circle): F M Social Security: _____

Patient Address: _____

Patient Phone: (H) _____ (W) _____ (C) _____

Primary Insurance: _____

Policy ID#: _____ Insured Name: _____

Secondary Insurance: _____

Policy ID#: _____ Insured Name: _____

Medical Diagnosis: _____

ICD code: _____

____ Asthma 493.0

____ COPD (w/acute respiratory distress) (496 & 518.82)

____ Aspiration Pneumonia 507.0

____ Cystic Fibrosis 277.0