



**Mailing Address:**  
P.O. Box 153  
Oregon, WI 53575  
Phone: (608) 877-9086  
Email: [info@three-gaits.org](mailto:info@three-gaits.org)

**Physical Address (no mail):**  
3741 State Road 138W  
Stoughton, WI 53589  
Fax: (608) 873-1929  
Web: [three-gaits.org](http://three-gaits.org)

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### 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 P.O. 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,

Lauren Cnare

Executive Director

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

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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: \_\_\_\_\_