

Placing EPIC Referrals to WashU Occupational Therapy – Community Practice

1. In the performing region field, select **Washington University (All Locations)**
2. For performing department, select **WU OT 4320 FP 302**
3. In comments, you may include any relevant patient details and/or requests for specific services (ex. home safety eval, driving, Baby Bridge, etc.)

Ambulatory referral order to Occupational Therapy -

✓ Accept✗ Cancel

Status:

NormalStandingFuture

Priority:

RoutineUrgent

Reason for Referral:

OT Evaluate and Treat

Reason for Visit

Therapy options discussed with patient's family/caregiver?

YesNo

Location provided for therapy services is:

Family or caregiver requested/preferred

Please select the performing region:

Washington University (All Locations)

Please select the performing department:

WU OT 4320 FP 302

To Provider NOTE: we will do our best to honor your provider preference, but scheduling the patient in a timely manner in our clinic will take precedence.

of visits:

24

Comments:

abc

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Insert SmartText

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✕ Additional Order Details

ⓘ Next Required

✓ Accept✗ Cancel