

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: Normal Standing Future

Priority: Routine Urgent

Reason for Referral: OT Evaluate and Treat

Reason for Visit:

Therapy options discussed with patient's family/caregiver?

Yes No

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:



 Additional Order Details

Next Required Accept Cancel