REQUEST FOR ORDER AND CONSENT -	•			
PARAMEDICAL SERVICES	PATIENT'S NAME			
	MEDI-CAL IDENTIFICATION NUMBER			
то:				
Dear Doctor:				

This patient has applied for In-Home Supportive Services (IHSS) and stated that he/she needs certain paramedical services in order for him/her to remain at home. You are asked to indicate on this form what specific services are needed and what specific condition necessitates the services.

In-Home Supportive Services is authorized to fund the provision of paramedical services, if you order them for this patient. For the purpose of this program, paramedical services are activities which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health and which the recipient would perform for himself/herself were he/she not functionally impaired. These services will be provided by In-Home Supportive Services providers who are not licensed to practice a health care profession and will rarely be training in the provision of health care services. Should you order services, you will be responsible for directing the provision of the paramedical services.

Your examination of this patient is reimbursable through Medi-Cal as an office visit provided that all other applicable Medi-Cal requirements are met.

If you have any questions, please contact me.

SIGNED	TITLE		TELEPHONE NUMBER	DATE	
TO BE COMPLETED BY LICE	NSED PROFESSIONAL	_	·	·	
NAME OF LICENSED PROFESSIONAL			OFFICE TELEPHONE		
OFFICE ADDRESS (IF NOT LISTED ABOVE)					
TYPE OF PRACTICE					
TYPE OF PRACTICE					
☐ Ph	nysician/Surgeon	Podiatrist	Dentist		
		CONTINUED ON BACK	(
RETURN TO: (COUNTY WEL	FARE DEPARTMENT)				
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st the paramedical services which are no	eeded and should be provided by IHSS	in your profess	ional judgemer	nt.
TYPE OF SERVICE	TIME REQUIRED TO PERFORM THE	FREQUENCY*		HOW LONG SHOULD THIS SI
	SERVICE EACH TIME PERFORMED	# OF TIMES	TIME PERIOD	VICE BE PROVIDED?
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dicate the number of times a service si	iodid be provided for a specific time pe	ilou. (Example	. two times dan	y, e.c.)
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				☐ IF CONTINUED ON ANOTH SHEET, CHECK HERE
	CERTIFICATION			☐ IF CONTINUED ON ANOTH SHEET, CHECK HERE
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