

PEACE OF MIND, INC
817 WEST FRONT STREET
LILLINGTON, NC 27546
T 910-814-2197
F 910-814-2167

Dear Medical Provider:

The client or legal guardian of the client listed below has requested outpatient mental health services from a therapist in our office.

Please date and sign below authorizing us to provide this service to the client.

Fax completed form to 910-814-2167.

Client:		Record Number:	
DOB:		Insurance Number:	
Treatment is medically necessary for the above-named client.			
Service	Date of Order	Medical Provider's Signature	NPI #
Outpatient Therapy- Individual/Group/Family			

If you have any questions or there is a problem with signing this form please call Mary at:

910-814-2197.

Thank you!

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