Out East Therapy of NY
P: 631-874-0571 F: 631-878-0527
CONFIRMATION OF DELIVERY OF TELESERVICES

Child's Name:	**DOB:**	**Frequency/ duration:**
Provider Name:	**Profession/ License:**	**NPI:**

Out East Therapy of NY	**1649414723**	
Date of service	**Start time**	**Parent signature**