


Patient Name: _____
DOB: _____
Today's Date: _____

This is a referral to attend Kids and Nurses PPEC center
Monday thru Friday up to 12 hours per day for a period of
180 days.

To comply with AHCA guidelines for Prescribed
Pediatric Extended Care (PPEC) Please attach a written
prescription  including:

- Patient's Diagnosis
- Physician Signature
- AHCA does not accept NP signatures.
- NPI Number
- PPEC Monday-Friday up to 12 hours per day.
- 180 Days
- **PT/OT/ST-** Evaluation while attending the PPEC

Please call with any questions.

Sincerely,

Jobina Williams RN

Director of Nursing

