Carrie Mitchell Counseling, PLLC

441 Leyland Cypress Lane

Fuquay-Varina, NC 27526

Telephone: 919-389-5484

Office Manager: 919-636-9262

Fax: 919-557-8070

Dear Primary Care Physician:

The client or legal guardian of the client listed below has requested outpatient mental health services from Carrie Mitchell, MSW, LCSW, LCAS.

Please date and sign below authorizing me to provide this service to the client and fax to 919-557-8070.

**Client:**

**DOB:**

**Record Number:**

**Insurance Number:**

Treatment is medically necessary for the above names client.

**Service:**  Outpatient Treatment-Individual/Group/Family

**Date of Order:**

**Physician’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NPI #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you have any questions or if signing this form is problematic, please contact Carrie Mitchell at 919-389-5484 or Delores Brubaker (office manager) at 919-636-9262. Thank you.

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