

Early Intervention Program Service Log

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| Child’s Name: | DOB: | NYEIS/EI#: |
| Service Type Delivered | NYEIS Service Authorization # |
| Teacher/Therapist Name: | Teacher/Therapist Discipline | NPI#: |
| Agency Name: **We Blossom Therapeutic Services** | Frequency: | Intensity: |

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| Date of Service | Start Time  (AM/PM) | End Time  (AM/PM) | CPT Code | Signature of Parent/Guardian Verifying That Service Was Delivered | Date Signed |
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