

Massage Therapy Referral / Prescription / Treatment Plan

fax to L... M... 1...

FROM: Doctor _____ Date _____

Address _____

Phone _____ Fax _____ Other _____

To: Jessica Owens, LMT, Terri Martin, LMT
 Love Acupuncture & Wellness Group- 15661 SE 82nd Drive Clackamas, OR 97015
 phone: (503) 343-9851 fax: (503) 376-6036

Regarding Patient _____

TREATMENT IS MEDICALLY NECESSARY
 Please treat the patient for diagnoses indicated below, using the modalities/procedures check-marked below that are within your scope of practice.

Modalities/Procedures

- 97124 _____ Massage Therapy
- 97140 _____ Manual Therapy Techniques
- 97010 _____ Hot or Cold Packs
- _____ therapist's discretion

Condition is related to:

- _____ Auto Accident Date of Injury _____
- _____ Work Injury
- _____ Illness
- _____ Other _____

Diagnosis Codes

- 354.0 _____ Carpal Tunnel Syndrome
- 723.1 _____ Cervicalgia
- 723.4 _____ Brachial Neuritis / Radiculitis (Upper Extremities)
- 724.3 _____ Sciatica
- 724.4 _____ Lumbosacral / Thoracic Neuritis Or Radiculitis (Lower Extremities)
- 729.1 _____ Fibromyalgia / Myalgia / Myositis
- 784.0 _____ Headache
- 840.9 _____ Shoulders-Upper Arms Sprain/Strain
- 846.0 _____ Lumbosacral Sprain / Strain
- 847.0 _____ Cervical Sprain / Strain
- 847.1 _____ Thoracic Sprain / Strain
- 847.2 _____ Lumbar Sprain / Strain
- 847.3 _____ Sacral Sprain / Strain
- 847.4 _____ Coccyx Sprain / Strain
- 848.1 _____ T.M.J. Sprain / Strain

Other Dx Codes
1. _____
2. _____
3. _____
4. _____
5. _____

Duration and Frequency of Treatment

_____ times per week for _____ weeks

OR _____ treatments

OR _____

Treatment Goals

- _____ Decrease Pain
- _____ Decrease Inflammation
- _____ Decrease Muscle Tension / Spasms
- _____ Increase Mobility / Range of Motion
- _____ Other _____

Other Instructions

Provide	Yes	No
Self-Care Education	_____	_____
Exercise Education	_____	_____
Ergonomic Education	_____	_____

Reporting

_____ Send Report _____ after 1st Visit _____ End of Rx Fax report to: _____

Physician's Signature _____ **Date** _____

License # _____ **NPI #** _____