

PHYSICIAN'S PRESCRIPTION / REFERRAL / MEDICAL NECESSITY

REFERRING PHYSICIAN NAME: _____ DATE: _____
TO THERAPIST: _____ TO BUSINESS: _____
TO BUSINESS ADDRESS: _____
TO BUSINESS PHONE & FAX NUMBER: _____
REGARDING PATIENT/CLIENT: _____

TREATMENT IS MEDICALLY NECESSARY. Please treat the above listed patient/client for the diagnosis(es) indicated below, using the modalities/procedures check marked below that are within the scope of the practice and the treating therapist's licensure. CLAIMS CONSIDERED ACCORDING TO THE PATIENT'S POLICY GUIDELINES.

MODALITIES/PROCEDURES

- 97010 _____ HOT OR COLD PACKS
- 97110 _____ THERAPEUTIC EXERCISE (R.O.M.)
- 97112 _____ NUEROMUSCULAR RE-EDUCATION
- 97124 _____ MASSAGE THERAPY
- 97140 _____ MANUAL THERAPY TECHNIQUES

DIAGNOSIS CODES

- G56.00 _____ CARPAL TUNNEL SYNDROME, UNSPECIFIED UPPER LIMB
- M54.2 _____ CERVICALGIA
- M54.12 _____ RADICULOPATHY, CERVICAL REGION
- M54.30 _____ SCIATICA, UNSPECIFIED SITE
- M54.16 _____ RADICULOPATHY, LUMBAR REGION
- M79.7 _____ FIBROMYALGIA
- S43.409A _____ UNSPECIFIED SPRAIN OF UNSPECIFIED SHOULDER JOINT, INITIAL ENCOUNTER
- S33.8XXA _____ SPRAIN OF OTHER PARTS OF LUMBAR, SPINE AND PELVIS, INITITAL ENCOUNTER
- S13.8XXA _____ SPRAIN OF JOINTS AND LIGAMENTS OF OTHER PARTS OF NECK LEVEL, INITITAL ENCOUNTER
- S23.3XXA _____ SPRAIN OF LIGMENTS OF THORACIC SPINE, INITITAL ENCOUNTER
- S33.5XXA _____ SPRAIN OF LIGAMENTS OF LUMBAR SPINE, INITIAL ENCOUNTER
- S33.8XXA _____ SPRAIN OF OHER PARTS OF LUMBAR SPINE AND PELVIS, INITIAL ENCOUNTER (SACRAL)
- S33.8XXA _____ SPRAIN OF OHER PARTS OF LUMBAR SPINE AND PELVIS, INITIAL ENCOUNTER (COCCYX)
- S03.4XXA _____ SPRAIN OF JAW, INITIAL ENCOUNTER

OTHER DIAGNOSIS CODE(S):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

REFERRING PHYSICIAN'S SIGNATURE: _____
LICENSE #: _____ **NPI/UPIN #:** _____
OF VISITS REQUESTED: _____ **# OF TIME PER WEEK:** _____
OF WEEKS: _____

SPECIAL NOTES: _____

