

**PHYSICIAN'S PRESCRIPTION / REFERRAL / MEDICAL NECESSITY #5a**

FROM DOCTOR: \_\_\_\_\_ DATE: \_\_\_\_ - \_\_\_\_ 19 \_\_\_\_

PHONE: (    ) \_\_\_\_\_ - \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ - \_\_\_\_\_

TO THERAPIST: \_\_\_\_\_ PH: \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

- 97010 \_\_\_ HOT OR COLD PACKS
- 97124 \_\_\_ MASSAGE THERAPY
- 97140 \_\_\_ MANUAL THERAPY TECHNIQUES

DX CODES

- 354.0 \_\_\_ CARPAL TUNNEL SYNDROME
- 723.1 \_\_\_ CERVICALGIA
- 723.4 \_\_\_ UPPER EXTREMITIES: BRACHIAL NEURITIS / RADICULITIS
- 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. \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

LICENSE# \_\_\_\_\_ UPIN# \_\_\_\_\_

**# OF VISITS** \_\_\_\_\_ **# OF TIMES PER WEEK** \_\_\_\_\_ **# OF WEEKS** \_\_\_\_\_

SPECIAL NOTES \_\_\_\_\_

Please direct all completed forms to:  
**Wellness Center for Therapeutic Massage and Bodywork**  
Phone: 419-427-9355 Fax: 419-427-2902