

PRESCRIPTION / LETTER OF REFERRAL

"THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY "

DATE: ____ / ____ / ____

PATIENT: _____

PHYSICIAN: _____ ADDRESS: _____

PHONE: _____ FAX: _____

REFERRED TO: _____ Phone: _____

Any of the following Physicians' *Current Procedural Terminology, CPT™* procedures and / or modalities, which are within this therapists' scope of practice, training, & / or State & / or Patient's Insurance Policy regulations, may be used as therapist deems necessary during any treatment session.
Normally four units are allowed per visit. A Unit = 15 minute segments of time. Conditions or prescription may require more units.

PROCEDURES and MODALITIES

- 97010 HOT/COLD PACKS (as necessary)
- 97014 ELECTRIC STIMULATION, un-attended
- 97018 PARAFFIN BATH
- 97022 WHIRLPOOL
- 97026 INFRA-RED
- 97032 ELECTRICAL STIMULATION, attended
- 97034 CONTRAST BATHS
- 97035 ULTRASOUND

- 97036 HYDROTHERAPY (full immersion)
- 97039 UNLISTED MODALITY, by report
- 97124 MASSAGE THERAPY
- 97139 UNLISTED PROCEDURE, by report
- 97140 MANUAL THERAPY TECHNIQUES
- 97799 Unlisted Physical Medicine Rehab
- Service or Procedure (By Report)
- _____ OTHER _____

PHYSICIAN'S DIAGNOSIS OF PATIENT

- 346. MIGRAINES
- 784.0 HEADACHES
- 847.0 CERVICAL, Inc. Whiplash Injury Sprain / Strain
- 848.1 JAW (TMJ & Ligament) Sprain / Strain R ___ L ___
- 723.1 CERVICALGIA (pain in neck)
- 840.3 INFRASPINATUS Sprain / Strain R ___ L ___
- 840.5 SUBSCAPULARIS Sprain / Strain (muscle) R ___ L ___
- 840.6 SUPRASPINATUS Sprain/ Strain (muscle) R ___ L ___
- 840.9 SHOULDER & ARM (unspecified site) R ___ L ___
- 841.9 ELBOW & FOREARM (unspecified site) R ___ L ___
- 842.00 WRIST Sprain / Strain (unspecified site) R ___ L ___
- 354.0 CARPAL TUNNEL SYNDROME R ___ L ___
- 842.10 HAND Sprain / Strain (unspecified site) R ___ L ___
- 724.1 PAIN IN THORACIC SPINE
- 847.1 THORACIC (DORSAL) Sprain / Strain

- 847.2 LUMBAR Sprain / Strain
- 848.9 PELVIS (unspecified site) Sprain / Strain
- 843.9 HIP & THIGH (unspecified site)
- 846.9 SACROILIAC REGION (unspecified site) Spr/Str
- 847.3 SACRUM Sprain / Strain
- 724.4 LUMBOSACRAL RADICULITIS R ___ L ___
- 724.3 SCIATICA (neuralgia, neuritis) R ___ L ___
- 844.9 KNEE OR LEG Sprain/Strain R ___ L ___
- 845.00 ANKLE (unspecified site) Sprain/Strain R ___ L ___
- 845.10 FOOT (unspecified site) Sprain/Strain R ___ L ___
- 728.2 MYOFIBROSIS; muscles, ligament, fascia
- 728.85 SPASM OF MUSCLE _____
- 729.1 MYALGIA & MYOSITIS (Fibromyositis)
- 728.9 Unspecified Disorder Of Muscle, Ligament, Fascia
- Other _____

Times Per Week: _____ for _____ Weeks, OR Times Per Month: _____ for _____ Months, or Total Visits This Script _____

Patient to return or call, prior to renewal of prescription

PLAN OF CARE / COMMENTS:

PHYSICIAN'S SIGNATURE: _____ NPI #: _____