PRESCRIPTION / LETTER OF REFERRAL

THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY

DATE: _____/ _____/ _____

PATIENT: _____

PHYSICIAN: _____ Address: _____

PHONE: _____ FAX: _____

REFERRED TO: _____

Any of the following Physicians' Current Procedural Terminology, CPT™ procedures and / or modalities, that are within the therapist' scope of practice training, and /or state and/ 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 is 15 minute segment of time. Conditions or prescription may require more units.

PROCEDURES & MODALITIES

- ❑ 97010 Hot/Cold Packs (as Necessary)
- ❑ 97014 Electrical Stimulation unattended
- ❑ 97018 Paraffin Bath
- ❑ 97022 Whirlpool
- ❑ 97026 Infrared
- ❑ 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)

HEALTHCARE PROVIDER'S DIAGNOSIS OF PATIENT

- ❑ 346.0 Migraines
- ❑ 784.0 Headaches
- ❑ 847.0 Cervical Spine i.e Whiplash Injury Sprain/Strain
- ❑ 848.1 Jaw i.e TMJ and Ligament Sprain/Strain R__ L__
- ❑ 723.1 Cervicalgia (Pain in Neck)
- ❑ 840.3 Infraspinatus Sprain/ Strain R__ L__
- ❑ Subscapularis Sprain/ Strain (muscle) R__L_
- ❑ 840.6 Supraspinatus Sprain/ Strain (muscle) R__l__
- ❑ 840.9 Shoulder and Arm (unspecified site) R__L__
- ❑ 841.9 Elbow and 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__
- ❑ 724.0 Pain in the Thoracic Spine
- ❑ 847.1 Thoracic (Dorsal) Sprain/ Strain
- ❑ 847.2 Lumbar Sprain. Strain
- ❑ 843.9 Hip and Thigh (unspecified site)
- ❑ 846.9 Sacroiliac Region (unspecified site) Spr/Str
- ❑ 874.3 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) R__L__
- ❑ 845.10 Foot (unspecified site) Sprain/Strain R__L__
- ❑ 728.2 Myofibrosis, muscles, ligaments, fascia
- ❑ 728.85 Spasm of Muscle_____
- ❑ 729.1 Myalgia and 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_____

Plan of Care/ Comments

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_____Healthcare Provider's

Signature:_____NPI_____