



PRESCRIPTION / LETTER OF REFERRAL

"THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY"

DATE: ___/___/___

PATIENT: _____

PHYSICIAN: _____ ADDRESS: _____

PHONE: _____ FAX: _____

REFERRED TO: European Massage Co., 2137 Durston Rd. #27, BZN 59718, ph# 522-0222

Any of the following Physicians' Current Procedural Terminology, CPT™ procedures and / or modalities, that 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 [x] 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 [x] MASSAGE THERAPY
97139 [] UNLISTED PROCEDURE, by report
97140 [x] MANUAL THERAPY TECHNIQUES
97799 [] Unlisted Physical Medicine Rehab
Service or Procedure (By Report)
[] OTHER _____

PROCEDURES and MODALITIES

- 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

Blank lines for Plan of Care / Comments