

PHYSICIAN'S PRESCRIPTION/ REFERRAL/ MEDICAL NECESSITY

**Healing Hands Massage Therapy Center
518 Main Street
Bethlehem, PA 18018
Phone: 610-882-4325/ Fax: 610-332-0322**

FROM DOCTOR: _____ DATE: ____ - ____ 20__

PHONE() _____ FAX: () _____ - _____

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

- 97110 ___ THERAPEUTIC EXERCISE (R.O.M)
- 97112 ___ NEUROMUSCULAR RE-EDUCATION
- 97140 ___ MASSAGE THERAPY

DX CODES

Upper Extremity

- S46.919A ___ SHOULDERS-UPPER ARMS SPRAIN / STRAIN
- S43.80XA ___ SPRAIN OF SPECIFIC PARTS OF UNSPECIFIED SHOULDER GIRDLE R__L__
- S56.919A ___ ELBOW & FOREARM R__L__
- S66.919A ___ WRIST R__L__
- G56.00 ___ CARPAL TUNNEL SYNDROME
- M54.13 ___ UPPER EXTREMITIES: BRACHILA NEURITIS/ RADICULITIS

Head,Spine, and Pelvis

- S03.4XXA ___ T.M.J SPRAIN / STRAIN R__L__
- R51 ___ HEADACHE
- S33.8XXA ___ LUMBOSACRAL SPRAIN /STRAIN
- M54.15 ___ LUMBOSACRAL / THORACIC NEURITIS
- S13.4XXA ___ CERVICAL SPRAIN / STRAIN
- S33.9XXA ___ SACROILIAC REGION
- S23.3XXA ___ THORACIC SPRAIN / STRAIN
- S33.5XXA ___ LUMBAR SPRAIN / STRAIN
- G43.109 ___ MIGRAINES
- M54.2 ___ CERVICALGIA
- M54.30 ___ SCIATICA
- M79.7 ___ FIBROMYALGIA

Lower Extremity

- S76.919A ___ HIP & THIGH R__L__
- S86.919A ___ KNEE OR LEG R__L__
- S96.919A ___ ANKLE/FOOT R__L__

Other Dx Codes

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

PHYSICIAN'S SIGNATURE _____

LICENSE# _____ NPI# _____

OF VISITS _____ # OF TIMES PER WEEK _____ # OF WEEKS _____