

**PHYSICIAN'S PRESCRIPTION / REFERRAL / MEDICAL NECESSITY**

FROM DOCTOR: \_\_\_\_\_ DATE: \_\_\_\_ - \_\_\_\_ 20\_\_

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
- 97014 \_\_\_ ELECTRICAL STIMULATION (UNATTENDED)
- 97018 \_\_\_ PARAFFIN BATH
- 97022 \_\_\_ WHIRLPOOL
- 97026 \_\_\_ INFRARED HEAT
- 97028 \_\_\_ ULTRAVIOLET
- 97032 \_\_\_ ELECTRICAL STIMULATION (MANUAL / ATTENDED)
- 97034 \_\_\_ CONTRAST BATHS
- 97035 \_\_\_ ULTRA SOUND (ATTENDED)
- 97036 \_\_\_ HYDROTHERAPY (ATTENDED)
- 97039 \_\_\_ UNLISTED MODALITIES (SPECIFY)
- 97110 \_\_\_ THERAPEUTIC EXERCISE (R.O.M.)
- 97112 \_\_\_ NEUROMUSCULAR RE-EDUCATION
- 97122 \_\_\_ MANUAL TRACTION
- 97124 \_\_\_ MASSAGE THERAPY
- 97139 \_\_\_ UNLISTED PROCEDURES (SPECIFY)
- 97140 \_\_\_ MANUAL THERAPY TECHNIQUES
- 97250 \_\_\_ MYOFASCIAL RELEASE
- 97530 \_\_\_ THERAPEUTIC ACTIVITY

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 \_\_\_\_\_