

PHYSICIAN'S PRESCRIPTION / REFERRAL / MEDICAL NECESSITY

FROM DOCTOR: _____ DATE: ____ - ____ 19__

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 checkmarked below that are within your scope of practice.

MODALITIES / PROCEDURES

- | | | | | | |
|-------|-----|-------------------------------|-------|-----|---------------------------|
| 97010 | ___ | HOT OR COLD PACKS | 97140 | ___ | MANUAL THERAPY TECHNIQUES |
| 97018 | ___ | PARAFFIN for hands/wrists | 97530 | ___ | THERAPEUTIC ACTIVITY |
| 97110 | ___ | THERAPEUTIC EXERCISE (R.O.M.) | ___ | ___ | NEUROMUSCULAR THERAPY |
| 97112 | ___ | NEUROMUSCULAR RE-EDUCATION | ___ | ___ | PRENATAL THERAPY |
| 97124 | ___ | MASSAGE THERAPY | ___ | ___ | POST PARTUM THERAPY |
| 97139 | ___ | UNLISTED PROCEDURES (SPECIFY) | | | |

DX CODES

- | | | | | |
|-----|--------|--|-----|--|
| ___ | 354.0 | Carpal Tunnel Syndrome | ___ | unspec. |
| ___ | 710.9 | Connective tissue disease, unspec. | ___ | 737.9 Kyphosis/scoliosis, unspec. |
| ___ | 714.0 | Rheumatoid arthritis (not juvenile rheumatoid arthritis) | ___ | 784.0 Headache |
| ___ | 715.90 | Osteoarthritis, unspec. | ___ | 840.9 Sprain/strain: shoulder/arm, unspec. |
| ___ | 716.10 | Traumatic arthropathy, unspec. | ___ | 840.9 Shoulders / Upper Arms / Sprain / Strain |
| ___ | 716.90 | Arthropathy, unspec. | ___ | 842.00 Sprain/strain: wrist, unspec. |
| ___ | 717.9 | Internal derangement, knee, unspec. | ___ | 842.10 Sprain/strain: hand, unspec. |
| ___ | 721.90 | Osteoarthritis of spine, NOS | ___ | 844.9 Sprain/strain: knee/leg, unspec. |
| ___ | 722.2 | Disc syndrome, no myelopathy, NOS | ___ | 845.00 Sprain/strain: ankle, unspec. |
| ___ | 723.1 | Cervicalgia | ___ | 845.10 Sprain/strain: foot, unspec. |
| ___ | 723.4 | Upper Extremities: Brachial Neuritis / Radiculitis | ___ | 846.0 Lumbrosacral Sprain/ Strain |
| ___ | 723.9 | Cervical disorder, NOS | ___ | 847.0 Sprain/strain: neck, unspec. |
| ___ | 724.2 | Low back pain | ___ | 847.0 Cervical Sprain/ Strain |
| ___ | 724.3 | Sciatica | ___ | 847.1 Thoracic Sprain/ Strain |
| ___ | 724.4 | Back pain w/ radiation, unspec. | ___ | 847.2 Lumbar Sprain/ Strain |
| ___ | 724.4 | Lumbosacral / Thoracic Nueritis/ Radiculitis (lower extremities) | ___ | 847.3 Sacral Sprain/ Strain |
| ___ | 725 | Polymyalgia rheumatica | ___ | 847.4 Coccyx Sprain/ Strain |
| ___ | 726.10 | Shoulder syndrome, unspec. | ___ | 847.9 Sprain/strain: vertebral, unspec. |
| ___ | 727.00 | Synovitis/tenosynovitis, unspec. | ___ | 848.1 TMJ Sprain/ Strain |
| ___ | 727.43 | Ganglion, unspec. | ___ | 848.9 Sprain/strain: other site, unspec. |
| ___ | 728.87 | Muscle weakness | ___ | V22.0 Prenatal care, normal, first pregnancy |
| ___ | 729.1 | Myalgia/myositis, unspec. | ___ | V22.1 Prenatal care, normal, other pregnancy |
| ___ | 729.1 | Fibromyalgia / Myalgia / Myositis | ___ | V22.2 Pregnancy |
| ___ | 729.5 | Pain in limb | | |
| ___ | 730.00 | Osteomyelitis, acute, unspec. | ___ | |
| ___ | 730.10 | Osteomyelitis, chronic, unspec. | ___ | |
| ___ | 733.00 | Osteoporosis, unspec. | ___ | |
| ___ | 736.9 | Acquired deformity, limb, | ___ | |

OTHER DX CODES

PHYSICIAN'S SIGNATURE _____
 LICENSE# _____ UPIN# _____

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