

Country Massage
Amanda Hendricks, LMT #023360
601 E. Court St. Condon, OR 97823
P: 503-707-7400; www.countrymassage.net

DATE: ____/____/____

PATIENT: _____

PHYSICIAN: _____ ADDRESS: _____

PHONE: _____

REFERRED TO: Licensed Massage Therapist _____ PHONE: _____

Any of the following Physicians' Current Procedural Terminology, CPT™ procedures and/ or modalities, which are within this therapist's scope of practice, training, &/or Patient's Insurance Policy regulations, may be used as the 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.

"THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY"

PROCEDURES AND MODALITY

97124 ___ MESSAGE THERAPY (BASIC SWEDISH)
97140 ___ MANUAL THERAPY (TRIGGER POINT THERAPY, MYOFASCIAL RELEASE)
97010 ___ HOT AND COLD PACKS (HYDROTHERAPY)

PHYSICIAN'S DIAGNOSIS OF PATIENT

- 728.85 SPASM OF MUSCLE
- M79.7 FIBROMYALGIA
- D75.81 MYELOFIBROSIS
- M79.1 MYALGIA & MYOSITIS/MYOFASCIAL PAIN SYNDROME
- M62.9 UNSPECIFIED DISORDER OF MUSCLE, LIGAMENT, FASCIA
- M72.2 PLANTAR FASCIAL FIBROMATOSIS
- S86.819A STRAIN OF OTHER MUSCLE(S) AND TENDON(S) AT LOWER LEG LEVEL, UNSPECIFIED LEG
- S33.6XXA SPRAIN OF SACROILIAC JOINT
- M25.559 PAIN IN UNSPECIFIED HIP
- S76.819A STRAIN OF OTHER SPECIFIED MUSCLES, FASCIA AND TENDONS AT THIGH LEVEL, UNSPECIFIED THIGH
- S33.9XXS SPRAIN OF UNSPECIFIED PARTS OF LUMBAR SPINE AND PELVIS
- S39.012A STRAIN OF MUSCLE, FASCIA AND TENDON OF LOWER BACK, INITIAL ENCOUNTER
- M26.609 UNSPECIFIED TEMPOROMANDIBULAR JOINT DISORDER, UNSPECIFIED SIDE
- M4.2 CERVICALGIA
- S13.4XXA SPRAIN OF LIGAMENTS OF CERVICAL SPINE, WHIPLASH INJURY SPRAIN/STRAIN
- OTHER _____

Times Per Week: ___ for ___ Weeks, OR Times Per Month: ___ for ___ Months, or Total Visits This Script _____

Patient to return of call, prior to renewal of prescription

PHYSICIAN'S SIGNATURE: _____

LICENSE: _____

NPI: _____

