



PHYSICIAN'S PRESCRIPTION / REFERRAL / MEDICAL NECESSITY

REGARDING PATIENT _____,

TREATMENT IS MEDICALLY NECESSARY.

REFERRED TO : JASON 'TITO' ANDERS BA LMT #7335 503.753.8918 tito@titomassage.com

FROM DOCTOR: _____ DATE: ____ / ____ /20 ____

PHONE: () _____ - _____ FAX: () _____ - _____

CLAIM NUMBER _____ INSURANCE COMPANY _____

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

SPECIAL NOTES _____

Please treat the patient for diagnoses indicated below, using the modalities/procedures marked below that are within your scope of practice.

MODALITIES / PROCEDURES

- 97010 ___ HOT OR COLD PACKS
- 97034 ___ CONTRAST BATHS
- 97036 ___ HYDROTHERAPY (ATTENDED)
- 97110 ___ THERAPEUTIC EXERCISE (R.O.M.)
- 97112 ___ NEUROMUSCULAR RE-EDUCATION
- 97122 ___ MANUAL TRACTION
- 97124 ___ MASSAGE THERAPY
- 97140 ___ MANUAL THERAPY TECHNIQUES
- 97250 ___ MYOFASCIAL RELEASE
- 97530 ___ THERAPEUTIC ACTIVITY
- 97139 ___ UNLISTED PROCEDURES (SPECIFY) _____
- 97039 ___ UNLISTED MODALITIES (SPECIFY) _____

DX CODES

- 354.0 ___ CARPAL TUNNEL SYNDROME L R BOTH
- 723.1 ___ CERVICALGIA
- 723.4 ___ UPPER EXTREMITIES: BRACHIAL NEURITIS / RADICULITIS L R BOTH
- 724.3 ___ SCIATICA L R
- 724.4 ___ LUMBOSACRAL / THORACIC NEURITIS OR RADICULITIS (Lower Extremities)
- 729.1 ___ FIBROMYALGIA / MYALGIA / MYOSITIS
- 784.0 ___ HEADACHE
- 728.85 ___ MUSCLE SPASM
- 840.9 ___ SHOULDERS-UPPER ARMS SPRAIN/STRAIN L R BOTH
- 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 L R BOTH

OTHER DX CODES
1. _____
2. _____
3. _____

PHYSICIAN'S SIGNATURE _____

LICENSE# _____ NPI# _____