

Massage Therapy Referral / Prescription / Treatment Plan

Please fax to Ripley Chiropractic 610-269-6428

FROM: Doctor _____ Date _____

Address _____

Phone _____ Fax _____ Other _____

To: **Ripley Chiropractic** Fax: **610-269-6428**
801 W. Lancaster Ave. Ste. #3 Phone: 610-269-6428
Downingtown, PA 19335

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

97124 _____ Massage Therapy
97140 _____ Manual Therapy Techniques
97010 _____ Hot or Cold Packs
_____ therapist's discretion

Condition is related to:

_____ Auto Accident Date of Injury _____
_____ Work Injury
_____ Illness
_____ Other _____

Diagnosis Codes

354.0 _____ Carpal Tunnel Syndrome
723.1 _____ Cervicalgia
723.4 _____ Brachial Neuritis / Radiculitis (Upper Extremities)
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

Other Dx Codes

1. _____
2. _____
3. _____
4. _____
5. _____

847.2 _____ Lumbar Sprain / Strain
847.3 _____ Sacral Sprain / Strain
847.4 _____ Coccyx Sprain / Strain
848.1 _____ T.M.J. Sprain / Strain

Duration and Frequency of Treatment

_____ times per week for _____ weeks

OR _____ treatments

OR _____

Treatment Goals

_____ Decrease Pain
_____ Decrease Inflammation
_____ Decrease Muscle Tension / Spasms
_____ Increase Mobility / Range of Motion
_____ Other _____

Other Instructions

<u>Provide</u>	<u>Yes</u>	<u>No</u>
Self-Care Education	_____	_____
Exercise Education	_____	_____
Ergonomic Education	_____	_____

Reporting

_____ Send Report _____ after 1st Visit _____ End of Rx Fax report to: _____

Physician's Signature _____ Date _____

License # _____ NPI # _____