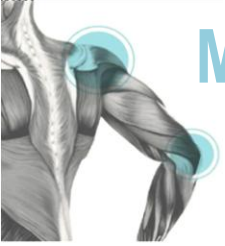

# Massage District

.....Specialized in area work

5850 Town & Country Blvd. suite 502
Frisco TX 75034

469.269.6585
contact@massagedistrict.com
Massagedistrict.com

# Physician's Prescription

Confidential
Please have your physician fill out the following.

Date_____

Patient Name_____Physician Name_____
Physician Address_____
City/State/Zip_____
Physicians Telephone# _____Office Email _____Fax#_____
Referred to: Massage District Office Email contact@gmail.com Office # 469-269-6585

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

Maximum of 4 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

- ❑**97140** MANUAL THERAPY TECHNIQUE
- ❑**97112** NEUROMUSCULAR RE-EDUCATION
- ❑97110 PASSIVE/THERAPEUTIC EXERCISES
- ❑97530 THERAPUETIC ACTIVITIES
- ❑**97250** MYOFASCIAL RELEASE
- ❑97032ELECTRICAL STIMULATION

### PHYSICIAN'S DIAGNOSIS OF PATIENT

- ❑ 346. MIGRAINES
- ❑ 784.0 HEADACHES
- ❑ 847.0 CERVICAL, INC. WHIPLASH INJURY SPRAIN / STRAIN
- ❑ 848.1 JAW (TMJ & LIGAMENT) SPRAIN /STRAIN R __ L__
- ❑ 723.1 CERVICALGIA (PAIN IN NECK)
- ❑ 840.3 INFRASPINATUS SPRAIN / STRAIN R __ L __
- ❑ 840.5 SUBSCAPULARIS SPRAIN /STRAIN (MUSCLE) R __ L __
- ❑ 840.6 SUPRASPINATUS SPRAIN/ STRAIN (MUSCLE) R __ L __
- ❑ 840.9 SHOULDER & ARM (UNSPECIFIED SITE) R __ L __
- ❑ 841.9 ELBOW & FOREARM (UNSPECIFIED SITE) R __ L __
- ❑ 842.00 WRIST SPRAIN / STRAIN (UNSPECIFIED SITE) R __ L __
- ❑ 354.0 CARPAL TUNNEL SYNDROME R __ L __
- ❑ 842.10 HAND SPRAIN / STRAIN (UNSPECIFIED SITE) R __ L __
- ❑ 724.1 PAIN IN THORACIC SPINE
- ❑ 847.1 THORACIC (DORSAL) SPRAIN / STRAIN
- ❑ 847.2 LUMBAR SPRAIN / STRAIN
- ❑ 848.9 PELVIS (UNSPECIFIED SITE) SPRAIN / STRAIN
- ❑ 843.9 HIP & THIGH (UNSPECIFIED SITE)
- ❑ 846.9 SACROILIAC REGION (UNSPECIFIED SITE) SPRAIN/STRAIN
- ❑ 847.3 SACRUM SPRAIN / STRAIN
- ❑ 724.4 LUMBOSACRAL RADICULITIS R _ L_
- ❑ 724.3 SCIATICA (NEURALGIA, NEURITIS) R _ L _
- ❑ 844.9 KNEE OR LEG SPRAIN/STRAIN R _ L _
- ❑ 845.00 ANKLE (UNSPECIFIED SITE) SPRAIN/STRAIN R _ L _
- ❑ 845.10 FOOT (UNSPECIFIED SITE) SPRAIN/STRAIN R _ L _
- ❑ 728.2 MYOFIBROSIS; MUSCLES, LIGAMENT, FASCIA
- ❑ 728.85 SPASM OF MUSCLE_____
- ❑ 729.1 MYALGIA & MYOSITIS (FIBROMYOSITIS)
- ❑ 728.9 UNSPECIFIED DISORDER OF MUSCLE, LIGAMENT, FASCIA
- ❑ OTHER DX CODES _____

**TIMES PER WEEK:___FOR___WEEKS, OR**
**TIMES PER MONTH:___FOR___MONTHS, OR**
**TOTALVISITS THIS SCRIPT ___**

**Patient to return or call, prior to renewal of prescription**

**PLAN OF CARE / COMMENTS:**

_____
_____
_____
_____

**PHYSICIAN'S SIGNATURE: _____LICENSE: _____DR. NPI# _____**

**Client signature: _____ Date: _____**

MEMBER
Associated Bodywork & Massage Professionals