

PRESCRIPTION/PHYSICIAN REFERRAL FORM



THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY

DATE ___/___/___

PATIENT _____ DATE OF INJURY ___/___/___

PHYSICIAN _____ ADDRESS _____

PHONE _____ FAX _____

REFERRED TO *Mind & Muscle Medicine 2501 Blichmann Ave. Suite 115, Grand Junction, CO, 81505*
719-505-5209 www.mindandmusclemedicine.abmp.com

Any of the following Physicians' *Current Procedural Terminology*, CPT procedures and/or modalities, which are within the therapists' scope of practice, training, and/or state and/or Patient's Insurance Policy regulations, may be used as therapist deems necessary during any treatment session. Normally four units are allowed per visit. (1 Unit = 15 minute segment of time) Conditions or prescription may require more units.

PROCEDURES and MODALITIES

- 97010 HOT/COLD PACKS (as necessary)
- 97039 UNLISTED MODALITY, by report
- 97110 THERAPEUTIC EXERCISES
- 97112 NEUROMUSCULAR RE-EDUCATION
- 97124 MASSAGE THERAPY
- 97139 UNLISTED PROCEDURE, by report
- 97140 MANUAL THERAPY TECHNIQUES
- 97799 Unlisted Physical Medicine Rehab Service or Procedure, by report
- _____ OTHER _____

PHYSICIANS' DIAGNOSIS OF PATIENT

- 346.0 MIGRAINES
- 784.0 HEADACHES
- 847.0 CERVICAL, Inc. Whiplash Injury Spr/Str
- 848.1 JAW (TMJ & Ligament) Spr/Str R___L___
- 723.1 CERVICALGIA (pain in neck)
- 840.3 INFRASPINATUS Spr/Str R___L___
- 840.5 SUBSCAPULARIS Spr/Str R___L___
- 840.6 SUPRASPINATUS Spr/Str R___L___
- 840.9 SHOULDER/ARM (unspecified site) R___L___
- 841.9 ELBOW/FOREARM (unspecified site) R___L___
- 842.0 WRIST (unspecified site) Spr/Str R___L___
- 354.0 CARPAL TUNNEL SYNDROME R___L___
- 842.1 HAND (unspecified site) Spr/Str R___L___
- 724.1 PAIN IN THORACIC SPINE
- 847.0 THORACIC (DORSAL) Spr/Str
- 847.2 LUMBAR Spr/Str
- 848.9 PELVIS (unspecified site) Spr/Str
- 843.9 HIP & THIGH (unspecified site)
- 846.9 SACROILIAC REGION (Unspecified site) Spr/Str
- 847.3 SACRUM Spr/Str
- 724.4 LUMBOSACRAL RADICULITIS R___L___
- 724.3 SCIATICA (neuralgia, neuritis) R___L___
- 844.9 KNEE OR LEG Spr/Str R___L___
- 845.0 ANKLE (unspecified site) Spr/Str R___L___
- 845.1 FOOT (unspecified site) Spr/Str 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 _____

Total Sessions for this script _____ (Patient to return or call prior to renewal of prescription)

PLAN OF CARE / COMMENTS

PHYSICIANS' SIGNATURE _____ NPI# _____

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