



# PRESCRIPTION / LETTER OF REFERRAL

## MASSAGE BY MONIQUE

5750 SUNRISE BLVD 225-F. CITRUS HEIGHTS, CA 95610  
(916) 548-6018 | WWW.MASSAGEBYMO.COM

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PATIENT \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

REF TO \_\_\_\_\_ Ph: \_\_\_\_\_ Lic: \_\_\_\_\_ NPI \_\_\_\_\_

CO: \_\_\_\_\_ Email: \_\_\_\_\_ FAX: \_\_\_\_\_

Any of the following Physician's Current Procedural Terminology, CPTTM Procedures and / or Modalities, that are within this Therapist's Scope of Practice, Training and State License or Certification & Patient's Insurance Policy Regulations may be used as therapist deems necessary during any treatment session. Normally up to maximum 4 procedure units and 2 modality units allowed per visit. A Unit = 15 - minutes. Or as conditions per prescription may require.

### PHYSICAL MEDICINE PROCEDURES and MODALITIES

- 97010  HOT/COLD PACKS (as necessary)
- 97014  ELECTRICAL STIMULATION, un-attended
- 97018  PARAFFIN BATH
- 97022  WHIRLPOOL
- 97026  INFRARED
- 97032  ELECTRICAL STIMULATION, attended
- 97034  CONTRAST BATHS
- 97035  ULTRASOUND

- 97036  HYDROTHERAPY (full immersion)
- 97124  MASSAGE THERAPY
- 97139  UNLISTED PROCEDURE, by report
- 97140  MANUAL THERAPY TECHNIQUES
- 97799  Unlisted Physical Medicine Rehab Services or Procedure (By Report) (EX: Initial Visit Assessment)
- \_\_\_\_  OTHER \_\_\_\_\_
- \_\_\_\_  OTHER \_\_\_\_\_

### PHYSICIAN'S ICD- 10 DIAGNOSIS OF PATIENT

- \_\_\_\_  MIGRAINES
- \_\_\_\_  HEADACHES
- \_\_\_\_  CERVICAL, Inc. Whiplash Injury Sprain / Strain
- \_\_\_\_  JAW (TMJ & Ligament) Sprain /Strain R \_\_\_ L \_\_\_
- \_\_\_\_  CERVICALGIA (pain in neck)
- \_\_\_\_  INFRASPINATUS Sprain / Strain R \_\_\_ L \_\_\_
- \_\_\_\_  SUBSCAPULARIS Sprain /Strain (muscle) R \_\_\_ L \_\_\_
- \_\_\_\_  SUPRASPINATUS Sprain/ Strain (muscle) R \_\_\_ L \_\_\_
- \_\_\_\_  SHOULDER & ARM (unspecified site) R \_\_\_ L \_\_\_
- \_\_\_\_  ELBOW & FOREARM (unspecified site) R \_\_\_ L \_\_\_
- \_\_\_\_  WRIST Sprain / Strain (unspecified site) R \_\_\_ L \_\_\_
- \_\_\_\_  CARPAL TUNNEL SYNDROME R \_\_\_ L \_\_\_
- \_\_\_\_  HAND Sprain / Strain (unspecified site) R \_\_\_ L \_\_\_
- \_\_\_\_  PAIN IN THORACIC SPINE
- \_\_\_\_  THORACIC (DORSAL) Sprain / Strain

- \_\_\_\_  LUMBAR Sprain / Strain
- \_\_\_\_  PELVIS (unspecified site) Sprain / Strain
- \_\_\_\_  HIP & THIGH (unspecified site)
- \_\_\_\_  SACROILIAC REGION (unspecified site) Sprain /Strain
- \_\_\_\_  SACRUM Sprain / Strain
- \_\_\_\_  LUMBOSACRAL RADICULITIS R \_\_\_ L \_\_\_
- \_\_\_\_  SCIATICA (neuralgia, neuritis) R \_\_\_ L \_\_\_
- \_\_\_\_  KNEE OR LEG Sprain/Strain R \_\_\_ L \_\_\_
- \_\_\_\_  ANKLE (unspecified site) Sprain/Strain R \_\_\_ L \_\_\_
- \_\_\_\_  FOOT (unspecified site) Sprain/Strain R \_\_\_ L \_\_\_
- \_\_\_\_  MYOFIBROSIS; muscles, ligament, fascia
- \_\_\_\_  SPASM OF MUSCLE \_\_\_\_\_
- \_\_\_\_  MYALGIA & MYOSITIS (Fibro myositis)
- \_\_\_\_  Unspecified Disorder of Muscle, Ligament, Fascia
- \_\_\_\_  \_\_\_\_\_

Times Per Week: \_\_\_\_\_ for \_\_\_\_\_ Weeks, or Times Per Month: \_\_\_\_\_ for \_\_\_\_\_ Months or Total Visits This Script \_\_\_\_\_

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

### PLAN OF CARE / PHYSICIAN'S COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ NPI #: \_\_\_\_\_