



PRESCRIPTION / LETTER OF REFERRAL FOR MASSAGE THERAPY

"THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY"

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

PATIENT: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

REFERRED TO: Turning Point Wellness, Inc. (408) 475-8876 (475-TURN)
841 Blossom Hill Rd, Suite 108 Info@TurningPointMT.com
San Jose, CA 95123 www.TurningPointMT.com

Any of the following Physicians' Current Procedural Terminology, CPT™ procedures and/or modalities, which are within this therapists' scope of practice, training, and/or CA 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. A Unit = 15 minute segments of time. Conditions or prescription may require more units.

PROCEDURES and MODALITIES

- 97010 [ ] HOT/COLD PACKS (as necessary)
97014 [ ] ELECTRIC STIMULATION, un-attended
97026 [ ] INFRA-RED
97032 [ ] ELECTRICAL STIMULATION, attended
97039 [ ] UNLISTED MODALITY, by report
97124 [ ] MASSAGE THERAPY
97139 [ ] UNLISTED PROCEDURE, by report
97140 [ ] MANUAL THERAPY TECHNIQUES (97140-59 w/ chiro)
97250 [ ] MANUAL THERAPY (CA WORKERS COMP)
97618 [ ] TAPING
97799 [ ] Unlisted Physical Medicine Rehab, Service or Procedure (Report)
[ ] OTHER

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) Spr/Str
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 [ ]

Total Visits This Script \_\_\_\_\_ at a recommended frequency of \_\_\_\_\_ times per [ ] Week [ ] Month

Patient to return or call prior to renewal of prescription

PLAN OF CARE/COMMENTS:

Blank lines for Plan of Care/Comments

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