

**PRESCRIPTION / LETTER OF REFERRAL**

**"THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY"**

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

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

**PHYSICIAN:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**REFERRED TO:** Alexis Kurtzman LMT (CPT CES RYT) NKT MMP **Phone:** 206-946-2040

**PROCEDURES and MODALITIES**

- |       |                          |                                       |       |                          |   |
|-------|--------------------------|---------------------------------------|-------|--------------------------|---|
| 97010 | <input type="checkbox"/> | HOT/COLD PACKS (as necessary)         | 97112 | <input type="checkbox"/> | NEUROMUSCULAR   |
| 97016 | <input type="checkbox"/> | CUPPING THERAPY                       | 97140 | <input type="checkbox"/> | NMT RE-EDUCATION  |
| 97018 | <input type="checkbox"/> | PARAFFIN BATH                         | 97124 | <input type="checkbox"/> | MASSAGE THERAPY   |
| 97026 | <input type="checkbox"/> | INFRA-RED Heat Therapy                | 97140 | <input type="checkbox"/> | MANUAL THERAPY TECHNIQUES   |
| 97032 | <input type="checkbox"/> | ELECTRICAL STIMULATION, attended      | 97161 | <input type="checkbox"/> | Initial Assessment /Evaluation  |
| 97034 | <input type="checkbox"/> | CONTRAST BATHS                        | 97799 | <input type="checkbox"/> | Unlisted Physical Medicine Rehab Service or Procedure ie; (By Report) |
| 97035 | <input type="checkbox"/> | ULTRASOUND/CAVICATION/RADIO FREQUENCY |       |                          | Kinesio Taping, Cupping Therapy, Gua Sha                              |

**PHYSICIAN'S DIAGNOSIS OF PATIENT**

Please fill in the ICD-10 Codes

ICD-10	<input type="checkbox"/>	Description			ICD-10	<input type="checkbox"/>	Description		
_____	<input type="checkbox"/>	MIGRAINES			_____	<input type="checkbox"/>	LUMBAR Sprain / Strain		
_____	<input type="checkbox"/>	HEADACHES			_____	<input type="checkbox"/>	PELVIS (unspecified site) Sprain / Strain		
_____	<input type="checkbox"/>	CERVICAL, Inc. Whiplash Injury Sprain / Strain			_____	<input type="checkbox"/>	HIP & THIGH (unspecified site)		
_____	<input type="checkbox"/>	JAW TMJ } & Ligament) Sprain/Strain	R	L	_____	<input type="checkbox"/>	SACROILIAC REGION (unspecified site)		
_____	<input type="checkbox"/>	CERVICALGIA (pain in neck)			_____	<input type="checkbox"/>	SACRUM Sprain / Strain		
_____	<input type="checkbox"/>	INFRASPINATUS Sprain / Strain	R	L	_____	<input type="checkbox"/>	LUMBOSACRAL RADICULITIS	R	L
_____	<input type="checkbox"/>	SUPRASPINATUS Sprain/ Strain (muscle)	R	L	_____	<input type="checkbox"/>	SCIATICA (neuralgia, neuritis)	R	L
_____	<input type="checkbox"/>	SHOULDER & ARM (unspecified site)	R	L	_____	<input type="checkbox"/>	KNEE OR LEG Sprain/Strain	R	L
_____	<input type="checkbox"/>	ELBOW & FOREARM (unspecified site)	R	L	_____	<input type="checkbox"/>	ANKLE (unspecified site) Sprain/Strain	R	L
_____	<input type="checkbox"/>	WRIST Sprain / Strain (unspecified site)	R	L	_____	<input type="checkbox"/>	FOOT (unspecified site) Sprain/Strain	R	L
_____	<input type="checkbox"/>	CARPAL TUNNEL SYNDROME	R	L	_____	<input type="checkbox"/>	MYOFIBROSIS muscles, ligament, fascia		
_____	<input type="checkbox"/>	HAND Sprain / Strain (unspecified site)	R	L	_____	<input type="checkbox"/>	SPASM OF MUSCLE		
_____	<input type="checkbox"/>	PAIN IN THORACIC SPINE			_____	<input type="checkbox"/>	MYALGIA & MYOSITIS (Fibromyositis)		
_____	<input type="checkbox"/>	THORACIC (DORSAL) Sprain / Strain			_____	<input type="checkbox"/>	Unspecified Muscle Disorder, Ligament, Fascia		

Other  \_\_\_\_\_

Other  \_\_\_\_\_

Other  \_\_\_\_\_

Other  \_\_\_\_\_

Other  \_\_\_\_\_

Other  \_\_\_\_\_

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 Prescription Expires \_\_\_\_\_

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

**PLAN OF CARE / COMMENTS**

\_\_\_\_\_