

## *Alpine Therapeutic Massage Referral Form/Prescription/Treatment Plan*

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Is Referred To **Phoenix Alexander** For Massage Therapy Treatments.

Diagnosis for Massage Therapy: ***Treatment Is Medically Necessary***

<input checked="" type="checkbox"/>	M62.40 Muscle Spasm Unspecified	<input type="checkbox"/>	V49.40XA Driver injured in MVC Init. Enc.
<input type="checkbox"/>	M62.830 Muscle Spasm of Back	<input type="checkbox"/>	V89.2XXA Passenger injured in MVC Init. Enc.
<input type="checkbox"/>	G44.209 Tension Headache	<b>SPRAIN/STRAIN Of Ligaments</b>	
<input type="checkbox"/>	M54.2 Cervicalgia	<input type="checkbox"/>	S13.4XXA Cervical Spine
<input type="checkbox"/>	M54.6 Pain in thoracic spine	<input type="checkbox"/>	S23.3XXA Thoracic Spine
<input type="checkbox"/>	724.2 Lumbago (low back pain)	<input type="checkbox"/>	S33.5XXA Lumbar Spine
<input type="checkbox"/>	G43909 Migraine Unspecified	<input type="checkbox"/>	S33.6XXA Sacroiliac Joint
<input type="checkbox"/>	M791 Myalgia Unspecified	<input type="checkbox"/>	M50.30 Cervical Disc Degeneration
<input type="checkbox"/>	M797 Fibromyalgia	<input type="checkbox"/>	Other:

Condition Is Related To: Auto Accident \_\_\_\_\_ Work Injury \_\_\_\_\_ Illness \_\_\_\_\_ Other \_\_\_\_\_

Patients Claim Number \_\_\_\_\_

Cause of Injury: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Personal Injury Claim #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone # \_\_\_\_\_

**Referring Dr.'s NPI Provider #:** \_\_\_\_\_

L&I Allowed Diagnosis Code : \_\_\_\_\_

Recommended Number of Treatments: \_\_\_\_\_

Referring Doctor's Signature: \_\_\_\_\_

Doctor's Printed Name: \_\_\_\_\_

Doctor's Office Address: \_\_\_\_\_

Doctor's Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

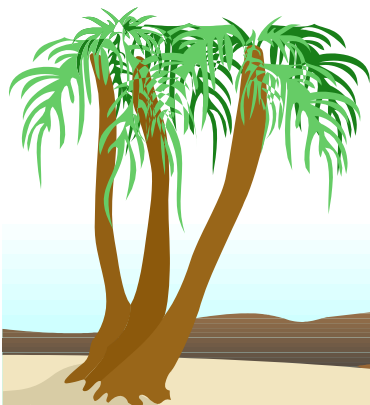
Phoenix Alexander LMP MA#4392

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**[www.BalancedHealthMassageAndSpa.com](http://www.BalancedHealthMassageAndSpa.com)**



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