

Fax Cover Sheet

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Fax to: Elements Massage Timonium 2442 Broad Avenue Timonium, MD 21093		Fax #: 410-252-8805 Phone: 410-252-8800 # Pages:	Fax from: Comments:
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Physician Referral/Prescription for Massage & Manual Therapy

Referring Physician:		
Date of Prescription:	Phone:	Fax:
Patient:	Phone:	DOI:
Please evaluate and treat the patient for the diagnoses indicated below, using the procedures that are within your scope of practice as listed in the Evaluation and Treatment Plan section of this prescription.		

Diagnosis Codes: The following diagnoses are related to: MVA WC Other:

All diagnosis codes provided must reflect soft tissue pathologies.

<input type="checkbox"/> G44.1 vascular headache	<input type="checkbox"/> M54.12 radiculopathy, cervicothoracic region
<input type="checkbox"/> S03.4XXA jaw	<input type="checkbox"/> S43.50XA sprain of unspecified acromioclavicular joint, initial encounter
<input type="checkbox"/> M54.2 cervicalgia (neck pain)	<input type="checkbox"/> S53.409A unspecified sprain of unspecified elbow, initial encounter
<input type="checkbox"/> S13.4XXA sprain of ligaments of cervical spine, initial encounter	<input type="checkbox"/> S53.409A unspecified sprain of unspecified shoulder joint, initial
<input type="checkbox"/> S23.3XXA sprain of ligaments of thoracic spine, initial encounter	<input type="checkbox"/> M79.609 pain in unspecified limb
<input type="checkbox"/> S33.5XXA sprain of ligaments of lumbar, initial encounter	<input type="checkbox"/> S73.109A unspecified sprain of unspecified hip, initial encounter
<input type="checkbox"/> S33.8XXA sprain of ligaments of lumbar and pelvis, initial encounter	<input type="checkbox"/> M54.30 sciatica, unspecified side
<input type="checkbox"/> S03.8XXA sprain of unspecified parts of thorax, initial encounter	<input type="checkbox"/> S33.5XXA sprain of ligaments of lumbar spine and pelvis, initial
<input type="checkbox"/> S33.6XXA sprain of sacroiliac, initial encounter	<input type="checkbox"/> M60.9 myositis, unspecified
<input type="checkbox"/> M54.89 other dorsalgia	<input type="checkbox"/> M79.1 myalgia
<input type="checkbox"/> M54.9 dorsalgia, unspecified	<input type="checkbox"/> M79.7 fibromyalgia
<input type="checkbox"/> R53.82 chronic fatigue, unspecified	<input type="checkbox"/> G56.00 carpal tunnel syndrome, unspecified upper limb
<input type="checkbox"/> M54.12 radiculopathy, cervical region	<input type="checkbox"/> T14.90 injury unspecified - generalized pain

Evaluation and Treatment Plan:

Please evaluate (97001, 97002) and treat patient using procedures and modalities which are within the scope of practice for a Licensed Massage Therapist or Registered Massage Therapist in Maryland, including but not limited to massage therapy (97124), moist heat, cryotherapy, application of topical pain relief preparations (97010), deep tissue massage, trigger point therapy, direct and indirect myofascial release techniques, positional release techniques, and muscle energy techniques such as proprioceptive neuromuscular facilitation (97140). The use of each procedure for each treatment shall be determined by the diagnosis, patient's presenting complaints/symptoms, range of motion considerations, and patient tolerance.

There are precautions or contraindications for this patient:

Please do not instruct patient regarding self-stretches.

Please do not instruct patient to increase water intake following treatment.

Prescription:

Number of visits per week: _____

Total number of visits: _____

PRN

Physician's Signature: _____ NPI Enumerator _____