

TRI-CITIES MEDICAL MASSAGE

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PRESCRIPTION / REFERRAL FOR MASSAGE THERAPY

PATIENT NAME: _____ DOB: _____

PHONE: _____ DATE OF INJURY / ONSET: _____

COVERAGE: ☐ PIP / Auto ☐ L&I ☐ FECA ☐ VA ☐ Health insurance ☐ Other

CLAIM # (if known): _____

TREATMENT ORDERED

☐ Massage therapy, evaluate and treat ☐ Manual lymphatic drainage / CDT ☐ Scar tissue treatment

FREQUENCY: _____ visits per week for _____ weeks PRECAUTIONS: _____

DIAGNOSIS: PLEASE CHECK ALL THAT APPLY

*Common codes are listed for your convenience. The referring provider determines the diagnosis.
Please complete the 7th character (A, D or S) and laterality where indicated.*

NECK / HEAD

- ☐ **S13.4XX**
Sprain of ligaments, cervical spine (whiplash)
- ☐ **S16.1XX**
Strain of muscle/tendon, neck
- ☐ **M54.2**
Cervicalgia
- ☐ **M54.12**
Radiculopathy, cervical region
- ☐ **G44.309**
Post-traumatic headache
- ☐ **F07.81**
Postconcussional syndrome
- ☐ **R42**
Dizziness
- ☐ **M26.62**
TMJ arthralgia (1 R, 2 L, 3 bilat)

MID BACK / RIBS / SHOULDER

- ☐ **S23.3XX**
Sprain of ligaments, thoracic spine
- ☐ **S29.012**
Strain of muscle/tendon, back wall of thorax
- ☐ **M54.6**
Pain in thoracic spine
- ☐ **S46.91**
Strain of muscle/tendon, shoulder (1 R, 2 L)
- ☐ **M25.51**
Pain in shoulder (1 R, 2 L)
- ☐ **M62.830**
Muscle spasm of back
- ☐ **R20.2**
Paresthesia of skin (tingling/numbness)
- ☐ **G47.00**
Insomnia, unspecified

LOW BACK / HIP / OTHER

- ☐ **S33.5XX**
Sprain of ligaments, lumbar spine
- ☐ **S39.012**
Strain of muscle/tendon, lower back
- ☐ **M54.50**
Low back pain, unspecified
- ☐ **M54.3**
Sciatica (1 R, 2 L)
- ☐ **M25.55**
Pain in hip (1 R, 2 L)
- ☐ **S76.01**
Strain of muscle/tendon, hip (1 R, 2 L)
- ☐ **M79.18**
Myalgia, other site
- ☐ **I89.0**
Lymphedema, not elsewhere classified

OTHER DIAGNOSIS / CODE: _____

COMMENTS: _____

REFERRING PROVIDER

PROVIDER NAME / CREDENTIALS: _____ NPI: _____

CLINIC: _____ PHONE: _____ FAX: _____

PROVIDER SIGNATURE: _____ DATE: _____

Thank you for your referral

Fax to 509.984.6616 or have your patient bring this form to the first visit. First appointment within 3 business days · Se habla español