



Relief, Restoration & Healing for  
Soft Tissue Pain, Repetitive Strain & Restricted Motion

## PRESCRIPTION/REFERRAL FOR TREATMENT

*\*THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY*

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

### TREATMENT AUTHORIZED:

- \_\_\_\_\_ Evaluate & Treat
- \_\_\_\_\_ Manual Therapy / Soft Tissue Mobilization / Massage
- \_\_\_\_\_ Fascial Stretch / ROM / Flexibility
- \_\_\_\_\_ Corrective Exercise Instruction (Home Program)

### DIAGNOSIS: (Please indicate all that apply)

- |        |                           |        |                              |        |
|--------|---------------------------|--------|------------------------------|--------|
| 728.85 | Muscle Spasm              | 840.0  | Shoulder/Upper Arm Spr/Str.  | R or L |
| 729.1  | Myositis/Myalgia          | 726.0  | Adhesive Capsulitis Shoulder | R or L |
| 723.1  | Cervical/Neck Pain        | 353.0  | Thoracic Outlet Syndrome     | R or L |
| 724.1  | Thoracic Pain             | 841.9  | Elbow/Forearm Spr/Str.       | R or L |
| 724.2  | Lumbago/Low Back Pain     | 842.0  | Wrist Sprain/Strain          | R or L |
| 724.3  | Sciatica                  | 354.0  | Carpal Tunnel Syndrome       | R or L |
| 847.0  | Cervical Sprain/Strain    | 843.9  | Hip/Thigh Sprain/Strain      | R or L |
| 847.1  | Thoracic Sprain/Strain    | 844.0  | Knee/Lower Leg Spr/Str.      | R or L |
| 847.2  | Lumbar Sprain/Strain      | 726.71 | Achilles Tendonitis          | R or L |
| 846.0  | LumboSacral Sprain/Strain | 728.71 | Plantar Facsciitis           | R or L |
| 846.1  | Sacroiliac Sprain/Strain  | 709.2  | Scar/Fibrosis                |        |
| 784.0  | Headaches                 | OTHER: | _____                        |        |

### FREQUENCY/DURATION OF TREATMENT:

\_\_\_\_\_ x per week \_\_\_\_\_ weeks    **OR**    Total # of Visits \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ NPI #: \_\_\_\_\_

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