STRESSTORATION
Advanced Massage and Muscle Therapy

PRESCRIPTION / LETTER OF REFERRAL FOR MASSAGE THERAPY

"THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY"

DATE: _____/_____/_____

PATIENT:_____

PHYSICIAN:_____ **PHONE:** _____

ADDRESS: _____ **FAX**: _____

REFERRED TO: **Stresstoration LLC**
5613 White Willow Dr
Fort Collins, CO 80528
(970) 658-9891
Info@MyDIYhealth.com
MyDIYhealth.com/clinic

Any of the following Physicians' *Current Procedural Terminology,* CPT™ procedures and/or modalities, which are within this therapists' scope of practice, training, and/or CO and/or Patient's Insurance Policy regulations, may be used as therapist deems necessary during any treatment session. Normally four units are allowed per visit. A Unit = 15 minute segments of time. Conditions or prescription may require more units.

PROCEDURES and MODALITIES

97140 ☐ MANUAL THERAPY TECHNIQUES (97140-59 w/ chiro)

97618 ☐ TAPING
_____ ☐ OTHER _____

PHYSICIAN'S DIAGNOSIS OF PATIENT

346. ☐ MIGRAINES
784.0 ☐ HEADACHES
847.0 ☐ CERVICAL, Inc. Whiplash Injury Sprain / Strain
848.1 ☐ JAW (TMJ & Ligament) Sprain /Strain R ☐ L ☐
723.1 ☐ CERVICALGIA (pain in neck)
840.3 ☐ INFRASPINATUS Sprain / Strain R ☐ L ☐
840.5 ☐ SUBSCAPULARIS Sprain/Strain (muscle) R ☐ L ☐
840.6 ☐ SUPRASPINATUS Sprain/ Strain (muscle) R ☐ L ☐
840.9 ☐ SHOULDER & ARM (unspecified site) R ☐ L ☐
841.9 ☐ ELBOW & FOREARM (unspecified site) R ☐ L ☐
842.00 ☐ WRIST Sprain / Strain (unspecified site) R ☐ L ☐
354.0 ☐ CARPAL TUNNEL SYNDROME R ☐ L ☐
842.10 ☐ HAND Sprain / Strain (unspecified site) R ☐ L ☐
724.1 ☐ PAIN IN THORACIC SPINE
847.1 ☐ THORACIC (DORSAL) Sprain / Strain
847.2 ☐ LUMBAR Sprain / Strain
848.9 ☐ PELVIS (unspecified site) Sprain / Strain
843.9 ☐ HIP & THIGH (unspecified site)
846.9 ☐ SACROILIAC REGION (unspecified site) Spr/Str
847.3 ☐ SACRUM Sprain / Strain
724.4 ☐ LUMBOSACRAL RADICULITIS R ☐ L ☐
724.3 ☐ SCIATICA (neuralgia, neuritis) R ☐ L ☐
844.9 ☐ KNEE OR LEG Sprain/Strain R ☐ L ☐
845.00 ☐ ANKLE (unspecified site) Sprain/Strain R ☐ L ☐
845.10 ☐ FOOT (unspecified site) Sprain/Strain R ☐ L ☐
728.2 ☐ MYOFIBROSIS; muscles, ligament, fascia
728.85 ☐ SPASM OF MUSCLE_____
729.1 ☐ MYALGIA & MYOSITIS (Fibromyositis)
728.9 ☐ Unspecified Disorder Of Muscle, Ligament, Fascia
Other ☐ _____

Total Visits This Prescription _____ at a recommended frequency of _____ times per ☐ Week ☐ Month

☐ **Patient to return or call prior to renewal of prescription**

PLAN OF CARE/COMMENTS:

_____

_____

_____

_____

_____

PHYSICIAN'S SIGNATURE: _____ **NPI #:** _____

Conveniently book online at mydiyhealth.com/clinic