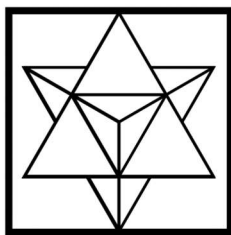


SOULSTONE SPA & APOTHECARY



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"/> M26.609 TMJ disorder	<input type="checkbox"/> S43.50XA sprain of unspecified acromioclavicular joint, initial encounter
<input type="checkbox"/> M54.2 cervicgia (neck pain)	<input type="checkbox"/> S53.409A unspecified sprain of unspecified elbow, initial encounter
<input type="checkbox"/> M25.519 pain in unspecified shoulder	<input type="checkbox"/> M79.1 myalgia
<input type="checkbox"/> M79.609 pain in unspecified limb	<input type="checkbox"/> M79.7 fibromyalgia
<input type="checkbox"/> M25.559 pain in unspecified hip	<input type="checkbox"/> G56.00 carpal tunnel syndrome, unspecified upper limb
<input type="checkbox"/> M54.30 sciatica, unspecified side	<input type="checkbox"/> T14.90 injury unspecified - generalized pain
<input type="checkbox"/> M54.50 low back pain, unspecified	<input type="checkbox"/> L90.5 scar conditions and fibrosis of skin
<input type="checkbox"/> M60.9 myositis, unspecified	<input type="checkbox"/> G62.0CIPN
<input type="checkbox"/> M54.89 other dorsalgia	<input type="checkbox"/>
<input type="checkbox"/> M54.9 dorsalgia, unspecified	<input type="checkbox"/>
<input type="checkbox"/> R53.82 chronic fatigue, unspecified	<input type="checkbox"/>
<input type="checkbox"/> M54.12 radiculopathy, cervical region	<input type="checkbox"/>

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 in New York, 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 _____

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