

Fax Cover Sheet

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Fax to: Oregon Clinical Massage Fax from: _____
Fax #: 503/281-0008 Pages: _____ Comments: _____
Phone: 503/891-9654 _____

Physician Referral/Prescription: Medical Necessity for Massage & Manual Therapy

Referring Physician: _____

Date of Prescription: _____ Phone: _____ Fax: _____



Oregon Clinical Massage • 1939 NE Broadway, Suite B • Portland OR 97232
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Patient: _____ Phone: _____ DOI: _____

TREATMENT IS MEDICALLY NECESSARY. 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"/> 784.0 headache | <input type="checkbox"/> 723.4 upper extremities: brachial neuritis/radiculitis |
| <input type="checkbox"/> 848.1 TMJ sprain/strain | <input type="checkbox"/> 840.9 shoulder and/or upper arm sprain/strain |
| <input type="checkbox"/> 723.1 cervicgia | <input type="checkbox"/> 840.4 rotator cuff sprain/strain |
| <input type="checkbox"/> 847.0 cervical sprain/strain | <input type="checkbox"/> 841.9 elbow or forearm sprain/strain |
| <input type="checkbox"/> 847.1 thoracic sprain/strain | <input type="checkbox"/> 354.0 carpal tunnel syndrome |
| <input type="checkbox"/> 847.2 lumbar sprain/strain | <input type="checkbox"/> 729.5 arm and/or leg pain |
| <input type="checkbox"/> 847.3 sacral sprain/strain | <input type="checkbox"/> 843.9 hip or thigh sprain/strain |
| <input type="checkbox"/> 847.4 coccyx sprain/strain | <input type="checkbox"/> 724.3 sciatica |
| <input type="checkbox"/> 846.1 sacro-iliac sprain/strain | <input type="checkbox"/> 848.5 pelvis sprain/strain |
| <input type="checkbox"/> 724.5 back pain | <input type="checkbox"/> 729.1 myofascial pain syndrome |
| <input type="checkbox"/> 780.71 chronic fatigue syndrome | <input type="checkbox"/> 780.9 other general symptoms - generalized pain |

Other soft tissue diagnosis codes with descriptions: _____

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 Oregon, 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.

If symptoms of myofascial pain syndrome are detected during evaluation or treatment (the presence of trigger points located along taut/tender bands within the muscle fiber) please check global posture and gait for possible remote and local perpetuating factors and treat to correct them.

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 _____