

PHYSICIAN'S PRESCRIPTION / REFERRAL / MEDICAL NECESSITY

DATE: _____

FROM : DOCTOR _____

PHONE: ()

FAX: ()

TO: LISA SLININGER, LMT (JA #5106), CMT, (CA #2341) PH: (916) 817-2424
FAX: (916) 608-2196
INTENSE THERAPY LLC, 312 Natoma St., Suite. 130, Folsom, CA 95630

REGARDING PATIENT: _____

TREATMENT **IS** MEDICALLY NECESSARY. Please treat the patient for the diagnoses indicated below, using the modalities/procedures check marked below which are within your scope of practice.

MODALITIES / PROCEDURES (15 MINUTE INCREMENTS)

- 97010___ HOT OR COLD PACKS/MOIST HEAT
- 97110___ THERAPEUTIC EXERCISE (R.O.M.)
- 97112___ NEUROMUSCULAR RE-EDUCATION
- 97124___ MASSAGE THERAPY (including petrissage and effleurage)
- 97140___ MANUAL THERAPY TECHNIQUES (including MYOFASCIAL/SOFT TISSUE)

DX CODES

- 354.0___ CARPAL TUNNEL SYNDROME
- 719.41___ SHOULDER PAIN
- 719.42___ ELBOW PAIN
- 719.43___ WRIST PAIN
- 719.45___ HIP PAIN
- 719.46___ KNEE PAIN
- 723.1___ CERVICALGIA, NECK PAIN
- 723.4___ UPPER EXTREMITIES: BRACHIAL NEURITIS / RADICULITIS
- 724.1___ BACK PAIN, THORACIC
- 724.2___ LOW BACK PAIN/LUMBALGIA
- 724.3___ SCIATICA
- 724.4___ LUMBOSACRAL / THORACIC NEURITIS OR RADICULITIS (Lower Extremities)
- 724.8___ MUSCLE SPASMS, BACK
- 729.1___ FIBROMYALGIA / MYALGIA /MYOFASCITIS/MYOSITIS
- 784.0___ HEADACHE
- 840.9___ SHOULDERS-UPPER ARMS SPRAIN/STRAIN
- 842.0___ WRIST SPRAIN/STRAIN
- 843.8___ HAMSTRING SPRAIN/STRAIN
- 846.0___ LUMBOSACRAL SPRAIN / STRAIN
- 847.0___ CERVICAL SPRAIN / STRAIN
- 847.1___ THORACIC SPRAIN / STRAIN
- 847.2___ LUMBAR SPRAIN / STRAIN
- 847.3___ SACRAL SPRAIN / STRAIN
- 847.4___ COCCYX SPRAIN / STRAIN
- 848.1___ T.M.J. SPRAIN / STRAIN

PHYSICIAN'S SIGNATURE _____

LICENSE# _____ UPIN# _____

OF VISITS _____ # OF TIMES PER WEEK _____ # OF WEEKS _____