

# Physician Prescription Referral Form - Ryan Witholt LMT, DBA Therapeutic Bodywork

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**Send to:** Therapeutic Bodywork. FAX From: \_\_\_\_\_  
**FAX#:** 702-964-1156 **Ph#:** 702-505-1494 **Pages:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

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

Referring Physician: \_\_\_\_\_ Date of Prescription: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Patient: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_  
**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 diagnostic codes provided must reflect soft tissue pathologies.*  
Soft tissue diagnostic codes with description: \_\_\_\_\_  
\_\_\_\_\_

**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 Nevada, including but not limited to massage therapy (97124), Hot or Cold Packs (97010), manual lymphatic drainage (97140), trigger point therapy, direct and indirect myofascial release techniques, positional release techniques, and muscle energy techniques such as proprioceptive neuromuscular facilitation (97140), neuromuscular reeducation (97112), therapeutic exercise (97110). 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. One visit constitutes 4 units of 15 minutes.

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 Number:** \_\_\_\_\_