



M. T. Wellness Clinic

1151 Bethel Road, Suite 302

Columbus, OH 43220

Phone: 614-273-0810

www.MTWellnessClinic.com

Physician's Prescription/Referral

PLEASE FAX COMPLETED FORM TO:

(614) 273-0173

M. T. Wellness Clinic

FROM PHYSICIAN: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: () _____ FAX: () _____

REGARDING PATIENT: _____, PATIENT PHONE #: _____

TREATMENT IS MEDICALLY NECESSARY. PLEASE TREAT THE PATIENT FOR DIAGNOSES INDICATED BELOW, USING THE MODALITIES.PROCEDURES MARKED BELOW.

M. T. Wellness Clinic specializes in Medical Restorative Massage Therapy, focusing on reducing pain and restoring physical function.

_____ **Medical Restorative Massage Therapy includes:**

- **Assessment**
- **Treatment: 97112 Neuromuscular reeducation and 97140 Manual Therapy Techniques and/or 97124 Swedish Massage Techniques**
- **Maintain charts and records to monitor progress**

ICD-9 Codes:

___ 307.81 Tension headache (muscle tension headache)	___ 726.61-.65 Enthesopathy of knee
___ 346.00-346.91 Migraine	___ 726.71-.73 Enthesopathy of ankle and tarsus
___ 436 Stroke rehabilitation for late effects of stroke	___ 728.71 Plantar fascial fibromatosis
___ 438.6 Late effects of cerebrovascular disease	___ 728.85 Spasm of muscle
___ 438.21-.22 Hemiplegia/hemiparesis	___ 729.1,.2,.5 Fibromyalgia,myofacial pain, neuralgia, neuritis,radiculitis
___ 438.31-.32 Monoplegia of upper limb	___ 729.81-.82 Neuropathies
___ 438.41-.42 Monoplegia of lower limb	___ 737-.1,.2,.3,.4 Curvature of the spine not ending in .8 or .9
___ 524.61-.62 Temporomandibular joint disorders (TMD)	___ 738.2,.4,.6 Other acquired deformity
___ 715.11-.17 Osteoarthritis, localized, primary: pelvic region, thigh or lower leg	___ 739-.1,.2,.3,.4,.5,.6,.7,.8 Non-allopathic lesions by region
___ 715.25-715.26 Osteoarthritis, localized, secondary: Pelvic region, thigh or lower leg	___ 784.0 Headache
___ 718.41-.47 Contracture of Joint	___ 846.0-.3 Sprains/strains of sacroiliac region
___ 719.41-.47 Joint pain (Shoulder, upper arm, forearm, hand, Pelvic, thigh, lower leg, ankle/foot)	___ 847.0 Neck sprain and strain
___ 723.1-.5 Neck Pain	___ 847.1 Thoracic sprain and strain
___ 724.01-.02 Back Pain	___ 847.2 Lumbar sprain and strain
___ 724.1,.2,.3,.4,.5,.6,.7 Back Pain continued	___ 847.3 Sacral sprain and strain
___ 726.0 Adhesive capsulitis of the shoulder	___ 874.4 Coccyx sprain and strain
___ 726.11-.12 Rotator Cuff Syndrome	___ 905.1,.2,.3,.4 Late effects of musculoskeletal connective
___ 726.31-.33 Tennis elbow (epicondylitis)	___ 906.1-.6 Late effects of injuries to skin and subcutaneous tissues
___ 726.4,.5 Enthesopathy of wrist, carpus & hips	___ 907.1-.5 Late effects of injuries to nervous systems

PHYSICIAN'S SIGNATURE: _____

License # _____ **UPIN#** _____

Special Notes: _____