

PHYSICIAN'S PRESCRIPTION / REFERRAL / MEDICAL NECESSITY

FROM DOCTOR: _____ DATE: ____ - ____ 20__

PHONE: () _____ - _____ FAX: () _____ - _____

TO: *LymphWorks, LLC, 300 E. Boardwalk Dr. Bldg 6A, Fort Collins, CO 80525 - (970) 222-9421* www.FortCollinsLymph-Massage.com

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

MODALITIES / PROCEDURES

97124_X__ **MASSAGE THERAPY**

97140_X__ **MANUAL THERAPY TECHNIQUES** (Lymph Drainage Therapy, Myofascial Release)

DX CODES

- 125.0-125.9__ FILARIAL LYMPHEDEMA (LyE)
- 354.0__ CARPAL TUNNEL SYNDROME
- 457.0__ POST-MASTECTOMY LyE
- 457.1__ OTHER LyE (PRAEcox, SECONDARY, ACQUIRED/CHRONIC, ELEPHANTIASIS)
- 457.2__ LYMPHANGITIS
- 457.8__ OTHER NONINFECTIOUS DISORDERS OF THE LYMPHATIC CHANNELS
- 729.81__ SWELLING OF LIMB
- 757.0__ CONGENITAL LyE (OF LEGS, CHRONIC HEREDITARY, IDEOPATHIC HEREDITARY)
- 723.1__ CERVICALGIA
- 723.4__ UPPER EXTREMITIES: BRACHIAL NEURITIS / RADICULITIS
- 724.3__ SCIATICA
- 724.4__ LUMBOSACRAL / THORACIC NEURITIS OR RADICULITIS (Lower Extremities)
- 729.1__ FIBROMYALGIA / MYALGIA / MYOSITIS
- 782.3__ EDEMA OF LEGS- ACUTE TRAUMATIC EDEMA
- 784.0__ HEADACHE
- 840.9__ SHOULDERS-UPPER ARMS 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

OTHER DX CODES

1. _____
2. _____
3. _____
4. _____
5. _____

PHYSICIAN'S SIGNATURE _____

CO LICENSE# _____ NPI# _____

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

SPECIAL NOTES TO THERAPIST: