

E • Q • U • I • L • I • B • R • I • U • M •
Therapeutic Massage

6111 20th Street East • Fife, Washington, 98424
Office: 253.922.8411 • Fax: 253.922.5058

REFERRAL FOR MASSAGE

Patient: _____ Date: _____

Specific Problem: _____

Diagnosis codes:

- | | | |
|--|---|---|
| <input type="checkbox"/> 723.1 cervicalgia | <input type="checkbox"/> 728.85 muscle spasms | <input type="checkbox"/> 784.0 headache |
| <input type="checkbox"/> 846.0 lumbosacral sp/st | <input type="checkbox"/> 847.0 cervical sp/st | <input type="checkbox"/> 847.1 thoracic sp/st |
| <input type="checkbox"/> 847.2 lumbar sp/st | <input type="checkbox"/> 847.3 sacral sp/st | <input type="checkbox"/> 729.1 fibromyalgia |

Other Diagnosis Codes:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Frequency of Massage:

Number of Massages per week: _____ Number of Weeks: _____

- L & I Injury MVA Injury Other

Prescribing Doctor: _____

Provider Number: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Physician's Signature

Date