Lighthouse Massage
Physician Referral and Prescription

Lori Burton, LMT, BCTMB
425 2nd Ave SW, Ste 101D, Albany OR 97321 Phone: 541-730-2507

REFERRED TO: Lori Burton, LMT, BCTMB *By Appointment Only.*

Phone (541) 730-2507 425 2nd Ave SW, Suite 101D, Albany, OR 97321
www.LighthouseMassage.org Lori@LighthouseMassage.org
OBMT #15561, BCTMB #544143-07, NPI #1255721437 Licensed Massage Therapist, Board Certified in Therapeutic Massage and Bodywork

PRESCRIPTION/LETTER OF REFERRAL

THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY

Date_____/_____/_____

Patient Name: _____

Physician: _____ **Address:** _____

Phone: _____ **Fax:**_____ **Website/Email** _____

NOTE: Any of the following Physician's Current Procedural Terminology (CPT) procedures and/or modalities, which are within this Therapist's scope of practice, training, and/or State, and/or Patient's Insurance Policy regulations, may be used as Therapist deems necessary during any treatment session. Normally four units are allowed per session. One Unit = 15 minutes. Conditions or prescription may require more units.

Therapist's Procedures and Modalities

97010 ☐ Hot/Cold pack Therapy (Hydrotherapy)
97140 ☐ Manual Therapy Techniques
97110 ☐ Passive/Active Stretching
97112 ☐ Neuromuscular Reeducation
97124 ☐ Massage Therapy
97799 ☐ Unlisted Physical Medicine Rehab Service or Procedure (By Report)
_____ ☐ _____

Physician's Diagnosis of Patient (ICD-10 codes)

(*If all applicable codes are not listed use blanks in table or the back of form*)

G43.909 ☐ Migraine, unspecified, not intractable, w/o migrainosus	S33.5XXA ☐ Sprain, Ligaments of Lumbar Spine, initial encounter
R51 ☐ Headache	S33.8XXA ☐ Pelvis/Sacrum/Lumbar Spine Sprain, unspecified site, init.
S13.4XXA ☐ Sprain, Ligaments of Cervical Spine, Whiplash, initial enc	S33.9XXA ☐ Sacroiliac Region Sprain, unspecified site, initial encounter
S03.40XA ☐ Jaw Ligament Sprain, unspecified side, initial enc.	S73.119A ☐ Iliofemoral (ligament) Sprain, unspecified site, initial enc.
M54.2 ☐ Cervicalgia, neck pain, cervical spine pain	M54.30 ☐ Sciatica, unspecified. M79.2 ☐ Neuralgia, neuritis, unspec.
M50.10 ☐ Cervical disc disorder w/radiculopathy, unspecified site	M54.14 ☐ Radiculopathy, Thoracic M54.15 ☐ Thoracolumbar region
S43.80XA ☐ Shoulder Girdle Sprain, specific parts, unspecified, initial	M54.16 ☐ Radiculopathy, Lumbar M54.17 ☐ Lumbosacral region
S46.919A ☐ Shoulder and Upper Arm, Strain, unspecified, initial enc.	S83.90XA ☐ Knee Sprain, unspecified site/knee, initial encounter
M24.519 ☐ Contracture of Joint, Shoulder, unspecified site	S86.919A ☐ Lower leg Strain, unspecified site, initial encounter
S53.409A ☐ Elbow Sprain, unspecified, initial encounter	S93.409A ☐ Ankle Sprain, unspecified ligament, unspecified ankle, init.
S63.519A ☐ Wrist Sprain, carpal joint, unspecified wrist, initial enc.	S93.609A ☐ Foot Sprain, unspecified S96.919A ☐ Foot Strain unspec
G56.00 ☐ Carpal Tunnel Syndrome, unspecified upper limb	M62.838 ☐ Spasm of Muscle, Other _____
S66.919A ☐ Hand Strain, unspecified muscle, fascia, tendon	M62.50 ☐ Muscular wasting and atrophy, not otherwise classified
M54.6 ☐ Thoracic Spine Pain M45.4 ☐ Ankylosing spondylitis, thor	M79.7 ☐ Fibromyalgia M79.1 ☐ Myalgia M60.9 ☐ Myositis, NOS
S23.3XXA ☐ Thoracic Spine Sprain of ligaments, initial counter	M62.9 ☐ Disorder of Muscle, unspecified
S23.41XA ☐ Rib Sprain, initial encounter	R29.3 ☐ Abnormal Posture
S23.9XXA ☐ Back Sprain, unspecified parts of thorax, initial enc.	_____ ☐ _____
M54.5(☐Low Back Pain S39.012A Low Back Strain, initial enc.	_____ ☐ _____

_____number of sessions this script _____ times per week OR _____ times per month.

Patient to return or call prior to renewal of prescription.

Plan of Care/Comments

_____

_____

_____

Physician's Signature_____ **License** _____

Download more prescription forms here: https://www.lighthousemassage.org/helpful-forms