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# Referral Form for Massage

Name of Patient Referral: \_\_\_\_\_

\*Check all that apply\*

## PROCEDURES

Hot and Cold Pack-907010	Massage Therapy 97124	Neuromuscular Therapy 97112	Manual Therapy 97140
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## MODALITIES

Swedish Massage	Deep Tissue	Range of Motion	Stretching
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## CONDITIONS

### CERVICAL

M53.0-Cervicocranial Syndrome  
M54.2-Cervicalgia  
M43.6-Torticollis  
S13.4xxA-Cervical Ligament Sprain

### SACRUM/COCCYX

M53.3- Sacroiliac Pain  
M33.8xxA- Sacrum/Coccyx Ligament Sprain

### STRESS

M79.7 Fibromyalgia  
R51-Headache  
G43.909 Migraine NOS

### THORACIC

M54.6-Pain in Thoracic Spine  
S23.3xxA-Thoracic Ligament Sprain  
R07.81- Rib Pain  
S23.41xA- Rib Sprain

### JOINT PAIN

M25.51-Shoulder Pain, RT  
M25.512-Shoulder Pain, LT  
M25.521-Elbow Pain, RT  
M25.522- Elbow Pain, LT  
M25.531- Wrist Pain, RT  
M25.32- Wrist Pain, LT  
M25.551- Hip Pain, RT  
M25.552- Hip Pain, LT  
M25.61-Knee Pain, RT  
M25.62- Knee Pain, LT

### OTHER

M77.12-Lateral Epicondylitis, LT  
G56.01-Carpal Tunnel Syndrome, RT  
G56.02-Carpal Tunnel Syndrome, LT  
M62.830-Muscle Spasm of Back  
M62.838-Muscle Spasm of Calf

### LUMBAR

M54.5- Lumbago  
M54.41- Lumbago with RT Sciatica  
M54.42- Lumbago with LT Sciatica  
S33.5xxA-Lumbar Ligament Sprain  
R10.2- Pelvis Pain

### JAW

R68.84-Jaw Pain  
M26.61 Adhesion of Temporomandibular Joint  
M26.62-Pain in Temporomandibular Joint  
S03.4xxA- Jaw Sprain

### OTHER ICD-10 DIAGNOSTIC CODES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FREQUENCY & DURATION

\*PLEASE WRITE SCRIPT FOR NO MORE THAN 3 MONTH INCREMENTS\*

Starting from Initial Visit: \_\_\_\_\_ per week for \_\_\_\_\_ weeks \_\_\_\_\_ month for \_\_\_\_\_ months

Total visits for script: \_\_\_\_\_ Duration of Script: \_\_\_\_\_

Name of Referring Medical Practice: \_\_\_\_\_

Name of Referring Doctor & NPI#: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone & Fax #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_