



Ballard Health Center Physician's Prescription/Referral

FROM DOCTOR: \_\_\_\_\_ DATE \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TO: Ballard Health Center, 1138 NW Market St, Seattle, WA 98107

PHONE: (206)783-0404 FAX: (206)782-8955

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**

97010 \_\_\_ Hot or Cold Packs                      97810 \_\_\_ Acupuncture  
97124 \_\_\_ Massage Therapy

**DX CODES**

354.0 \_\_\_ Carpal Tunnel Syndrome  
723.1 \_\_\_ Cervicalgia  
723.4 \_\_\_ Upper Extremities: Brachial Neuritis/ Radiculitis  
724.3 \_\_\_ Sciatica  
724.4 \_\_\_ Lumbosacral/ Thoracic Neuritis or Radiculitis (Lower )  
729.1 \_\_\_ Fibromyalgia/ Myalgia/ Myositis  
784.0 \_\_\_ Headache  
840.9 \_\_\_ Shoulders – Upper Arm 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: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

LICENSE # \_\_\_\_\_ UPIN # \_\_\_\_\_

# OF VISITS \_\_\_\_\_ #OF TIMES PER WEEK \_\_\_\_\_ # OF WEEKS \_\_\_\_\_

NOTES:

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