



Ballard Health Center
1138 NW Market St
Seattle, WA 98107
(206)783-0404

Physician's Prescription/Referral

FROM DOCTOR: _____ DATE: _____

PHONE: _____ FAX: _____

TO THERAPIST: _____ PHONE: _____ FAX: _____

ADDRESS: _____

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
- 97110 ___ Therapeutic Exercise (R.O.M.)
- 97112 ___ Neuromuscular Re-education
- 97124 ___ Massage Therapy
- 97140 ___ Manual Therapy Techniques

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 _____

