



wellness center

825 S. Main Street, Findlay, OH 45840 | [P] 419 427-9355 [F] 419 427-2902

PHYSICIAN'S PRESCRIPTION/REFERRAL/MEDICAL NECESSITY

Doctor: _____ **Date:** ____ / ____ / ____

Phone: (____) ____ - ____ **Fax:** (____) ____ - ____

Therapist: _____ **Phone:** (419) 427-9355

Address: 825 S. Main St. Findlay, OH 45840 **Fax:** (419) 427-2902

Treatment for Patient _____
is medically necessary. Please treat the patient for diagnosis indicated, using the modalities/procedures checked below that are within your scope of practice.

MODALITIES/PROCEDURES

- 97010 Hot or Cold Packs
- 92124 Massage
- 97140 Manual Therapy Techniques

DIAGNOSIS CODES

- | | |
|---|--|
| 354.0 <input type="checkbox"/> Carpal Tunnel Syndrome | 846.0 <input type="checkbox"/> Lumbosacral Sprain/Strain |
| 723.1 <input type="checkbox"/> Cervicalgia | 847.0 <input type="checkbox"/> Cervical Sprain/Strain |
| 723.4 <input type="checkbox"/> Upper Extremities:
Brachial Neuritis/Radiculitis | 847.1 <input type="checkbox"/> Thoracic Sprain/Strain |
| 724.3 <input type="checkbox"/> Sciatica | 847.2 <input type="checkbox"/> Lumbar Sprain/Strain |
| 724.4 <input type="checkbox"/> Lower Extremities:
Lumbosacral/Thoracic Neuritis or Radiculitis | 847.3 <input type="checkbox"/> Sacral Sprain/Strain |
| 729.1 <input type="checkbox"/> Fibromyalgia/Myalgia/Myositis | 847.4 <input type="checkbox"/> Coccyx Sprain/Strain |
| 784.0 <input type="checkbox"/> Headache | 848.1 <input type="checkbox"/> TMJ Sprain/Strain |
| 840.9 <input type="checkbox"/> Shoulders - Upper Arm Sprains/Strain | |

OTHER DX CODES

1. _____ 2. _____
3. _____ 4. _____

Physician's Signature: _____

License # _____ **UPIN#** _____

of Visits _____ **# of Times Per Week** _____ **# of Weeks** _____

Special Notes: _____

