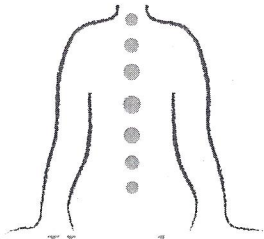


Physician's Referral/Prescription for Medical Massage Therapy



**Knead to
Heal, LLC**
(503) 951-9375

Patient _____
RX Date: _____
RX Expires: _____
Physician: _____
BNPI: _____
Address: _____

Phone: _____
Fax: _____

Diagnostic Codes: _____

Sprain/Strain Contusion Pain Whiplash

Head Face/Jaw Neck Shoulder Arm Hand/Wrist
 Chest Thoracic/Upper Back Mid-Back Lumbar/Low Back
 Sacrum Coccyx Leg Knee Ankle/Foot

Evaluate/assess for appropriate treatment (97001) Reeval (97002)
 Hydrotherapy Heat Cold/Cryotherapy Contrast-Hot/Cold
 Acute Injury, light tissue massage therapy (97124)
 Deep tissue/structural manual therapy (97140) Stretch Strengthen

of Treatments _____ # of Times per Week _____ # of Weeks _____

Comments/Special Care Instructions: _____

X _____
Physicians Signature

PIP/Auto Work Insurance
Claim No. _____
Insurance Billing Address: _____

Knead to Heal, LLC

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