



Natural Balance Massage Therapy
33 N. County St, Ste. #306, Waukegan, IL 60085
P: 224-280-4385; www.nbmt.biz

DATE: ___/___/___

PATIENT: _____

PHYSICIAN: _____ ADDRESS: _____

PHONE: _____

REFERRED TO: _____ PHONE: _____

Any of the following Physicians' Current Procedural Terminology, CPT TM procedures and/or modalities, which are within this therapists' scope of practice, training, &/or State &/or Patient's Insurance Policy regulations, may be used as therapist deems necessary during any treatment session. Normally four units are allowed per visit. A Unit = 15 minute segments of time. Conditions or prescription may require more units.

"THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY"

PROCEDURES AND MODALITY

- 97039 UNLISTED MODALITY, by report
- 97124 MASSAGE THERAPY
- 97139 UNLISTED PROCEDURE, by report

- 97140 MANUAL THERAPY TECHNIQUES
- 97799 Unlisted Physical Medicine Rehab.....

PHYSICIAN'S DIAGNOSIS OF PATIENT

- 346. MIGRAINES
- 784.0 HEADACHES
- 847.0 CERVICAL, Inc, Whiplash Injury Sprain/Strain
- 848.1 JAW (TMJ & Ligament) Sprain/Strain R_ L_
- 723.1 CERVICALGIA (pain in the neck)
- 840.3 INFRASPINATUS Sprain/Strain R_ L_
- 840.5 SUBSCAPULARIS Sprain/Strain (muscle) R_ L_
- 840.6 SUPRASPINATUS Sprain/Strain (muscle) R_ L_
- 840.9 SHOULDER & ARM (unspecified site) R_ L_
- 841.9 ELBOW & FOREARM (unspecified site) R_ L_
- 842.00 WRIST Sprain/Strain (unspecified site) R_ L_
- 354.0 CARPAL TUNNEL SYNDROME R_ L_
- 842.10 HAND Sprain/ Strain (unspecified site) R_ L_
- 724.10 PAIN IN THORACIC SPINE
- 847.1 THORACIC (DORSAL) Sprain/Strain

- 847.2 LUMBAR Sprain/Strain
- 848.9 PELVIS (UNSPECIFIED SITE) Sprain/Strain
- 843.9 HIP & THIGH (unspecified site)
- 846.9 SACROILIAC REGION (unspecified site) Spr/Str
- 847.3 SACRUM Sprain/Strain
- 724.4 LUMBOSACRAL RADICULITIS R_ L_
- 724.3 SCIATICA (neuralgia, neuritis) R_ L_
- 844.9 Knee or leg Sprain/Strain R_ L_
- 845.00 ANKLE (Unspecified site) Sprain/Strain R_ L_
- 845.10 FOOT (unspecified site) Sprain/Strain R_ L_
- 728.2 MYOFIBROSIS; muscles, ligament, fascia
- 728.85 SPASM OF MUSCLE _____
- 729.1 MYALGIA & MYOSITIS (Fibromyositis)
- 728.9 Unspecified Disorder Of Muscle, Ligament, Fascia
- Other _____

Times Per Week: ___ for ___ Weeks, OR Times Per Month: ___ for ___ Months, or Total Visits This Script _____

Patient to return of call, prior to renewal of prescription

PLAN OF CARE/COMMENTS:

PHYSICIAN'S SIGNATURE: _____ LICENSE: _____ DR. NPI# _____