

**12<sup>th</sup> Avenue Massage Therapy Group**  
2100 North 12<sup>th</sup> Avenue Pensacola, Fl 32503  
Phone: 850-432-6870 fax: 850-432-6815

**Prescription Referral for Massage Therapy**

**REGARDING PATIENT:** \_\_\_\_\_ ,  
treatment is medically necessary for diagnosis indicated below using  
the following modalities and procedures:

- 97010-Hot or Cold Packs
- 97110-Therapeutic Exercise (R.O.M)
- 97112-Neuromuscular Re-education
- 97124-Massage Therapy Techniques
- 97140-Manual Therapy Techniques

**DIAGNOSIS:**

- 723.10\_\_Cervicalgia
- 723.40\_\_Upper Extremities: brachial neuritis / radiculitis
- 724.30\_\_Sciatica
- 724.40\_\_Lower Extremities: lumbosacral / thoracic neuritis or radiculitis
- 729.10\_\_Fibromyalgia / myalgia / myositis
- 784.00\_\_Headache
- 840.90\_\_Shoulders-upper arms sprain / strain
- 846.00\_\_Lumbosacral sprain / strain
- 847.00\_\_Cervical sprain / strain
- 847.10\_\_Thoracic sprain / strain
- 847.20\_\_Lumbar sprain / strain
- 847.30\_\_Sacral sprain /strain
- 847.40\_\_Coccyx sprain / strain
- 728.85\_\_ Muscle Spasms

Other diagnosis codes:

\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF TIMES PER WEEK 1 2 3  
NUMBER OF WEEKS 1 2 3 4 5 6 7 8  
OTHER \_\_\_\_\_

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

DATE \_\_\_\_\_

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