

DOCTOR'S PRESCRIPTION FORM

For Therapy at:



IN TOUCH
massage and wellness

1709 N. 8th Street, Bismarck, ND

It is my recommendation that _____ undergo the following adjunctive procedure(s):

____ Soft-Tissue Therapy & Mobilization
____ Clinical Massage Therapy

____ Neuromuscular Re-education
____ Pain Relief/Muscle Ease

Areas to be worked include:

CERVICAL			THORACIC				
RT	LT	B/L	MUSCLE	RT	LT	B/L	MUSCLE
___	___	___	Suboccipital	___	___	___	Trapezius
___	___	___	Trapezius	___	___	___	Longissimus thoracis
___	___	___	Splenius capitis	___	___	___	Latissimus dorsi
___	___	___	Levator scapulae	___	___	___	Rhomboid Maj/Min
___	___	___	SCM	___	___	___	Serratus Post/Sup
SHOULDER			LUMBOSACRAL				
___	___	___	Deltoid	___	___	___	Gluteus maximus
___	___	___	Pectoralis major	___	___	___	Piriformis
___	___	___	Teres major	___	___	___	Iliocostalis lumborum
___	___	___	Trapezius	___	___	___	Erector spinae
				___	___	___	Quadratus lumborum

Sessions to be scheduled as follows:

- ____ 2 treatments/week for ____ months
- ____ 1 treatment/week for ____ months
- ____ 2 treatments/month for ____ months
- ____ One treatment every ____ weeks for ____ months
- ____ Treatment frequency scheduled at the discretion of the therapist
- ____ Other _____

Diagnosis: _____

Diagnostic Codes for Insurance:

- | | |
|---|---|
| ___ Tension Headache {307.81} | ___ Subscapularis (muscle) {840.5} |
| ___ Migraine (classical) {346.0} | ___ Supraspinatus Sprain/Strain {840.6} |
| ___ Migraine (common) {346.1} | ___ Shoulder/Upper Arm Sprain/Strain {840.9} |
| ___ Variants of Migraine {346.2} | ___ Wrist Sprain/Strain {842.0} |
| ___ Carpal Tunnel Syndrome {354.0} | ___ Ankle Sprain {845.0} |
| ___ Temporomandibular Joint {524.5} | ___ Lumbrosacral Sprain/Strain {846.0} |
| ___ Sciatica {724.3} | ___ Cervical/Neck Sprain/Strain {847.0} |
| ___ Lumbrosacral Ridicular (lower extr) {724.4} | ___ Thoracic Sprain/Strain {847.1} |
| ___ Muscle Spasm {728.85} | ___ Lumbar Sprain/Strain {847.2} |
| ___ Fibromyalgia {729.1} | ___ Sacral Sprain/Strain {847.3} |
| ___ Myofascial Syndr/Trapezii Muscles {729.12} | ___ Coccyx Sprain/Strain {847.4} |
| ___ Myofascial Syndr/Gluteal Muscles {729.15} | ___ Pelvic Sprain/Strain {847.5} |
| ___ Headache {784.0} | ___ Other & ill defined Sprain/Strain {848.0} |
| ___ Rotator Cuff Sprain {840.4} | ___ Other (ailment/code) _____ |

Treatments for the following conditions involve Color & Light Therapy, Aromatherapy, and Heat.

Please ASSIGN appropriate diagnostic code for insurance:

- | | | |
|---------------------------------|-------------------------|----------------------------|
| ___ Seasonal Affective Disorder | ___ Body Detoxification | ___ Insomnia/Jet Lag Sleep |
| ___ Pain Relief/Management | ___ Stress Reduction | |

Physician's Signature

Date

Physician's Printed Name:

In Touch Massage & Wellness Center

1709 N. 8th Street, Bismarck, ND 58501

DOCTOR'S REFERRAL FORM

In your overall health care program, your doctor is sensitive to providing quality care and long-term cost reduction.

Your doctor has determined that you have:

muscle spasms stiffness backache headache
 a physical injury neuro-muscular disorder
 seasonal affective disorder (light therapy necessary)
 other _____

and your doctor suggests that you make an appointment with one of the Therapists at ***In Touch Massage & Wellness Center***. They will help you with the following:

clinical massage therapy neuromuscular re-education
 soft-tissue mobilization release of accumulated stress
 increased circulation enhanced flexibility & range of motion
 increased body awareness _____

The Licensed therapists at "In Touch Massage & Wellness" specializes in deep muscle therapy and movement re-education. They offer personalized attention to guide you toward greater health.

They are certified in deep tissue, reflexology, lymphatic, relaxation, pregnancy, and in child birth assisting.

Other treatments available at ***In Touch*** include the Sunspectra 9000 Color & Light Therapy, Jet-Lag Sleep/Energy, Weight Loss, Immunotherapy, Seasonal Affective Disorder (winter depression); body wraps, exfoliations, cellulite, skin conditions and more.

They are is available to meet with you as needed to provide the necessary guidance and support during your physical recovery.

To make an appointment, please call 701-223-4664.

This personalized service is designed to provide quality preventive and adjunctive health care with your doctor's referral.

Referring Physician: _____

Diagnosis: _____

Date: _____