



"The Following Prescribed Treatment is Medically Necessary"

Date: _____

Patient: _____

Physician: _____ Lic #: _____ NPI #: _____

Address: _____

Phone: (____) _____ Fax: (____) _____

Referred to: MedTherapy Solutions, LLC/ Jessica Bouton, LMT
PA License No. MSG014116; NPI No. 1891290060; EIN 86-3181761

Any of the following Physician's Current Procedural Terminology, CPT procedures and/or modalities which are within this therapist's scope of practice, training, and/or State and/or Patient's Insurance Policy Regulations may be used as the therapist deems necessary during any treatment session.

Procedures:

- 97140 Manual Therapeutic Techniques
- 97124 Therapeutic Massage

Physician's Diagnosis of Patient

<u>Code</u>		<u>Name</u>
_____	R L Both	_____
_____	R L Both	_____
_____	R L Both	_____
_____	R L Both	_____

Pt. to be seen _____ x a week for _____ weeks.

Massage for _____ minutes each visit.

- Progress Notes to be sent to referring Physician weekly
- Progress Notes to be sent to referring Physician monthly
- Progress Notes to be sent to referring Physician at time of discharge

Signature of Referring Physician

Date
