

Medical Massage Prescription

Miller Medical Massage

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Address 231 W Giaconda Way Suite 103, Tucson, AZ 85704

Date:

Date of Injury:

Patient Name: _____ DOB: _____ Phone: _____

Treatment related to ___ Auto Accident ___ Work Injury ___ Other **Claim#:** _____

Implement Medically Necessary Treatment Plan as Prescribed Below

Neck and Head

- ___ M54.2 Cervical strain
- ___ G44209 Tension-type headache, unspecified
- ___ G43909 Migraine, unspecified

Jaw

- ___ M26.601 Right TMJ disorder
- ___ M26.602 Left TMJ disorder

Upper/Middle Back

- ___ S23.3XXA Thoracic strain
- ___ M54.6 Pain in thoracic spine
- ___ M54.9 Dorsalgia, unspecified

Shoulder

- ___ S46.011S Strain of right rotator cuff
- ___ S46.012S Strain of left rotator cuff
- ___ M25.511 Pain in right shoulder
- ___ M25.512 Pain in left shoulder

Arm

- ___ S46.911A Strain in right upper arm
- ___ S46.912A Strain in left upper arm
- ___ M79.601 Pain in right arm
- ___ M79.602 Pain in left arm

Elbow

- ___ M25.521 Pain in right elbow
- ___ M25.522 Pain in left elbow

Wrist and Hand

- ___ M25.531 Pain in right wrist
- ___ M25.532 Pain in left wrist
- ___ M79.641 Pain in right hand
- ___ M79.642 Pain in left hand
- ___ S66.811A Strain in right hand

- ___ S66.912A Strain in left hand
- ___ G56.01 Carpal tunnel syndrome, right
- ___ G56.02 Carpal tunnel syndrome, left

Low Back

- ___ M54.5 Low back pain
- ___ S39.012A Low back strain

Hip and Thigh

- ___ M54.31 Sciatica, right side
- ___ M54.32 Sciatica, left side
- ___ M25.551 Pain in right hip
- ___ M25.552 Pain in left hip
- ___ S76.011S Strain in right hip
- ___ S76.012S Strain in left hip
- ___ M79.651 Pain in right thigh
- ___ M79.652 Pain in left thigh
- ___ S76.911S Strain in right thigh
- ___ S76.912S Strain in left thigh

Knee

- ___ M25.561 Pain in right knee
- ___ M25.562 Pain in left knee

Ankle and Foot

- ___ S96.911A Strain in right ankle
- ___ S96.912A Strain in left ankle
- ___ M25.571 Pain in right ankle and foot
- ___ M25.572 Pain in left ankle and foot
- ___ S96.211S Strain in right foot
- ___ S96.212S Strain in left foot

___ Other _____

___ Other _____

Frequency and Duration:

___ Treatment at therapist's discretion

___ Total of _____ visits

___ 2x week x _____ weeks

___ Other _____

___ 1x week x _____ weeks

Referring Provider Name & NPI# _____

Referring Provider Phone & Fax _____

Referring Provider Signature _____