RuppMassage

8202 Clearvista Pkwy Ste 8F
Indianapolis, IN 46256
317.223.1639 • RuppMassage.com

Prescription / Letter of Referral

"The following prescribed treatment is medically necessary"

Patient Name _____ Claim #_____
Physician_____ Phone # _____
Fax #_____ Email address _____
Address_____ City_____ State_____ Zip_____

Referred to: *RuppMassage, Tracy Rupp, 8202 Clearvista Pkwy Ste 8F, Indianapolis, IN 46256*
317.223.1639, RuppMassage.com Email: ruppmassage@yahoo.com

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

PROCEDURES / MODALITIES

97010 ☐ HOT/COLD PACKS (as necessary)
97112 ☐ NEUROMUSCULAR RE-ED. Massage
97124 ☐ therapy myofacial/manual therapy

_____ ☐ Other _____
_____ ☐ Other _____
_____ ☐ Other _____

PHYSICIAN'S DIAGNOSIS OF PATIENT

346. ❑ MIGRAINES
354.0 ❑ CARPAL TUNNEL SYNDROME R L
723.1 ❑ CERVICALGIA (pain in neck)
724.1 ❑ PAIN IN THORACIC SPINE
724.3 ❑ SCIATICA (neuralgia, neuritis) R L
724.4 ❑ LUMBOSACRAL RADICULITIS R L
728.2 ❑ MYOFIBROSIS; muscles, ligament, fascia
728.85 ❑ SPASM OF MUSCLE_____
729.1 ❑ MYALGIA, MYOSITIS , FMS (fibromyositis)
728.9 ❑ Unspecified disorder of MM, Ligament, Fascia
784.0 ❑ HEADACHES
840.3 ❑ INFRASPINATUS sprain / strain R L
840.5 ❑ SUBSCAPULARIS spr /str (mm) R L
840.6 ❑ SUPRASPINATUS spr/ str (mm) R L
840.9 ❑ SHOULDER & ARM (unspecified) R L
841.9 ❑ ELBOW & FOREARM (unspec) R L

842.00 ❑ WRIST spr / str (unspecified site) R L
842.10 ❑ HAND spr / str (unspecified site) R L
846.0 ❑ LUMBOSACRAL sprain / strain
847.0 ❑ CERVICAL, incl. Whiplash injury spr / str
847.1 ❑ THORACIC (DORSAL) sprain / strain
843.9 ❑ HIP & THIGH (unspecified site)
844.9 ❑ KNEE OR LEG sprain/strain R L
845.00 ❑ ANKLE (unspecified site) spr/str R L
845.10 ❑ FOOT (unspecified site) spr/str R L
846.9 ❑ SACROILIAC REGION (unspecified) spr/str R L
847.2 ❑ LUMBAR sprain / strain
847.3 ❑ SACRUM sprain / strain
847.4 ❑ COCCYX sprain / strain
848.1 ❑ JAW (TMJ & ligament) spr /str R L
848.9 ❑ PELVIS (unspecified site) sprain / strain
Other ❑ _____

PLAN OF CARE

❑ **Times per week: _____ for _____ weeks**
❑ **Times per month: _____ for _____ months**
❑ **Total visits this script _____**

Plan of care / comments:

_____
_____
_____

Physician's signature: _____ license: _____