

Massage and Spinal Therapy of Winter Haven, Inc.

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Angie R. Horton, L.M.T., C.I.M.T.

Owner MA# 10610

Prescription/ Letter of Referral

Private Health Care PP Auto Workman's Comp

MEDICALLY NECESSARY

Procedures/ Modalities:

- 97001 Therapy Eval
- 97001 Therapy Re-Eval
- 97012 Traction
- 97035 Ultrasound
- 97014 Electric Stim. (Unattended)
- 97032 Electric Stim. (Attended)
- 97112 Neuromuscular Reeducation
- 97140 Myofascial Release
- 97124 Therapeutic Massage
- 95831 Muscle Testing (manual)
- 97530 Therapeutic Activities
- 97010 Hot/Cold Packs
- 97110 Passive/Therapeutic Exer
- Evaluate and Recommend
- Myofascial Release
- Therapeutic Massage
- Muscle Testing (manual)
- Therapeutic Activities
- Hot/Cold Packs
- Passive/Therapeutic Exer

Diagnosis:

- 847.0 Headaches
- 729.1 Myofascial Pain Syndrome
- 847.0 Cervical Strain/Sprain
- 840.8 Shoulder Strain/Sprain
- 723.4 Upper Extremities
- 847.1 Thoracic Strain/Sprain
- Other
- 847.2 Lumbar Strain/Sprain
- 846.0 Lumbrosacral Strain/Sprain
- 724.3 Sciatica Pain: Location
- 848.5 Pelvic Strain/Sprain
- 724.4 Sacrum
- 729.1 Fibromyalgia
- Other

Treatment Plan:

Evaluation and Recommendation, or

_____ x per week for _____ weeks, or

_____ Total # Treatments this Rx

For: Patient's Name: _____

Date _____

Physician's Name: _____

Signature: _____

Address: _____

Phone/Fax: _____