

Office Phone: 617.688.6304
 Email: info@cindydoodymassage.com



Patient Referral		NPI:1992043335
Physician Signature:	Physician Phone:	
Date		
Patient Name		
Diagnosis:	RX Objectives: Evaluate and Treat _____ Increase ROM _____ Pain Relief/Management _____ Adhesions/Scar Mgmt _____ Soft Tissue Mobilization _____ Joint Mobilization _____ Stress reduction _____	
Codes: 97124 -Therapeutic Procedure, 15 minutes. One or more areas, including effleurage, petrissage and/or tapotement, compression, percussion. 97140 - Therapeutic Procedure, 15 minutes. Mobilization, manipulation, manual lymphatic drainage, manual traction, one or more regions. 97122 - Therapeutic Procedure, 15 minutes . One or more areas, Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture and proprioception.	When writing a prescription please write: 4 units (1 Hour) x _____ per week for _____ weeks.	Other Treatments Modalities not listed: _____ _____ Other:

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