PROACTIVE
MASSAGE & BODYWORK

Massage Therapy Prescription / Referral Form

FROM: Doctor _____ Date _____

Address _____

Phone _____ Fax _____ Email _____

TO: Proactive Massage & Bodywork
9291 Laurel Grove Road
Mechanicsville VA 23116
Phone: 804-559-7990

Regarding Patient: _____

TREATMENT IS MEDICALLY NECESSARY.
Please treat the patient for diagnoses listed below, using modalities / procedures marked below that are within your scope of practice.

Condition related to: _____

Diagnosis Codes: _____

Modalities/Procedures (CPT)

___97124 Massage Therapy
___97140 Manual Therapy- Including Lymphatic, PTSD treatments
___97110 Therapeutic Exercises/Stretching

Duration and Frequency of Treatment

4 or 6 units, _____ time(s) per week for _____ weeks. OR _____

Treatment Goals

__ Decrease Pain _____

__ Decrease Inflammation _____

__ Decrease Muscle Tension / Spasms _____

__ Increase Mobility / Range of Motion _____

Other Instructions_____

_____ _____
Dr. Signature Date