



Advanced Healing Arts

3600 Lake Otis Parkway suite 205 Anchorage, AK. 99508 -Ph(907)441-6075
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Patient: _____

DOB: _____ Phone: _____

Insurance Carrier / ID #: _____

Duration and Frequency

____ Times per Week, for ____ Weeks **OR** ____ Times per Month, for ____ Months

Other: _____ *Please write script for no more than 3 month increments*

Referring Physician: _____ Phone/Fax#: _____

Physician Signature: _____ Date: _____

Massage & Manual Therapy Referral Procedures and Modalities

Condition to be Treated

Massage & Manual Therapy: 97124 / 97140

<p style="text-align: center;"><u>Cervical</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> M43.6 Torticollis <input type="checkbox"/> M53.0 Cervicocranial Syndrome <input type="checkbox"/> M54.2 Cervicalgia <input type="checkbox"/> S13.4xxA Cervical Ligament Sprain <p style="text-align: center;"><u>Thoracic</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> M54.6 Pain in Thoracic Spine <input type="checkbox"/> S23.3xxA Thoracic Ligament Sprain <input type="checkbox"/> R07.81 Rib Pain <input type="checkbox"/> S23.41xA Rib Sprain <p style="text-align: center;"><u>Lumbar & Sacrum/Coccyx</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> M54.5 Lumbago <input type="checkbox"/> M54.41 Lumbago, RT Sciatica <input type="checkbox"/> M54.42 Lumbago, LT Sciatica <input type="checkbox"/> S33.5xxA Lumbar Ligament Sprain <input type="checkbox"/> R10.2 Pelvic Pain <input type="checkbox"/> M53.3 Sacroiliac Pain <input type="checkbox"/> S33.8xxA Sacrum/Coccyx Ligament sprain 	<p style="text-align: center;"><u>Joint Pain</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> M25.511 Shoulder Pain, RT <input type="checkbox"/> M25.512 Shoulder Pain, LT <input type="checkbox"/> M25.521 Elbow Pain, RT <input type="checkbox"/> M25.522 Elbow Pain, LT <input type="checkbox"/> M25.531 Wrist Pain, RT <input type="checkbox"/> M25.532 Wrist Pain, LT <input type="checkbox"/> M25.551 Hip pain, Joint RT <input type="checkbox"/> M25.552 Hip pain, Joint LT <input type="checkbox"/> M25.561 Knee Pain, Joint RT <input type="checkbox"/> M25.562 Knee Pain, Joint LT <p style="text-align: center;"><u>Other</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> M77.11 Lateral Epicondylitis RT <input type="checkbox"/> M77.12 Lateral Epicondylitis LT <input type="checkbox"/> G56.01 Carpal Tunnel RT <input type="checkbox"/> G56.02 Carpal Tunnel LT <input type="checkbox"/> M62.830 Muscle Spasm, Back <input type="checkbox"/> M62.838 Muscle Spasm, Calf 	<p style="text-align: center;"><u>Other Cont.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> M79.1 Myalgia <input type="checkbox"/> M79.7 Fibromyalgia <input type="checkbox"/> R51 Headache <input type="checkbox"/> G43.909 Migraine NOS <p style="text-align: center;"><u>Jaw</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> R68.84 Jaw Pain <input type="checkbox"/> M26.61 Adhesions of Temporomandibular Joint <input type="checkbox"/> M26.62 Pain in Temporomandibular Joint <input type="checkbox"/> S03.4xxA Jaw Sprain <p style="text-align: center;"><u>Other Condition/IDC10</u></p>
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