



Physician Referral/Prescription

From (Physician's name): _____

Date of Prescription: _____ Phone: _____ Fax: _____

To: Pamela Laster, NTS, LMT, CST, ADS
Bethany Cox, CFR, LMT
Jamette Tolbert, LMT
Medical Massage Therapist
Acudetox Specialist

Windsong Natural Therapeutics
1738 West Kentucky Avenue
Ruston, LA 71270
Phone: 318.243.2231
Fax 318.450.6728

Patient: _____ Phone: _____

TREATMENT IS MEDICALLY NECESSARY. Please treat the patient for the diagnoses indicated below, using the procedures that are within your scope of practice, unless otherwise noted.

Typical Massage Therapy Diagnosis Codes:

- | | | | |
|---------------------------------|----------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> G89.11 | Chronic Pain Due to Trauma | <input type="checkbox"/> G44.209 | Tension headache |
| <input type="checkbox"/> G89.29 | Chronic Pain | <input type="checkbox"/> G44.009 | Cluster headache syndrome |
| <input type="checkbox"/> M79.7 | Fibromyalgia | <input type="checkbox"/> G44.309 | Post-traumatic headache, unspecified |
| <input type="checkbox"/> M54.2 | Cervicalgia/Neck Pain | <input type="checkbox"/> G43.809 | Variants of Migraine |
| <input type="checkbox"/> M53.1 | Cervicobrachial Syndrome | <input type="checkbox"/> M25.519 | Joint Pain, Shoulder |
| <input type="checkbox"/> M54.3 | Sciatica | <input type="checkbox"/> M25.50 | Joint Pain Multiple sites |
| <input type="checkbox"/> M54.4 | Low back pain w/sciatica | <input type="checkbox"/> R10.84 | Abdominal pain, generalized |
| <input type="checkbox"/> M54.5 | Low back pain | <input type="checkbox"/> G89.3 | Neoplasm related pain |
| <input type="checkbox"/> M26.60 | TMJ Dysfunction | <input type="checkbox"/> G89.4 | Chronic pain syndrome |

Additional Codes: _____

Auricular Acupuncture Codes & Microcurrent Stimulation:

- G44.209 Tension Headache
- G43.809 Variants of Migraine
- G89.3 Neoplasm related pain
- M54.5 Low back pain
- R11.2 Nausea & Vomiting

Prescription

Evaluate & Treat
 PRN Number of Visits per Week: _____ Total Number of Visits: _____

Physician's Signature: _____
License #: _____ NPI: _____

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