



- 18750 Willamette Dr. Ste F
West Linn, OR 97068
- 5231 NE Martin Luther King Jr. Blvd
Portland, OR 97211

Prescription Referral Form

Today's Date: _____ Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

Patient's Name: _____ Date of Injury / illness: _____

Treatment for the above mentioned patient is medically necessary using any of the following modalities and procedures: CPT Codes 97140, 97010, 97110, 97124. Please treat the patient for the diagnosis indicated below, following the duration and frequency prescribed:

ICD-9 Diagnosis Codes

- ___ 719.85 Stiffness C/Sp., T/Sp., L/Sp.
- ___ 723.1 Cervicalgia
- ___ 722.1 Lumbar Disc Syndrome
- ___ 724.1 Thoracic Pain
- ___ 724.2 Lumbago
- ___ 728.85 Muscle Spasm
- ___ 729.1 Fibromyalgia Myalgia/Myositis
- ___ 784.0 Headache
- ___ 840.9 Shoulder Arms Sprain/Strain
- ___ 846.0 Lumbosacral Sprain/Strain
- ___ 847.0 Cervical Sprain/Strain
- ___ 847.1 Thoracic Sprain/Strain
- ___ 847.2 Lumbar Sprain/Strain
- ___ 847.3 Coccyx Sprain/Strain
- ___ 848.1 TMJ Sprain/Strain
- ___ Other Dx _____
- ___ Other Dx _____

Conditions Related To

- ___ Auto Accident (MVA)
- ___ Work Injury
- ___ Illness
- ___ Sports Injury
- ___ Other: _____

Treatment Goals

- ___ Decrease Pain
- ___ Decrease Inflammation
- ___ Decrease Muscle Tension/Spasm
- ___ Increase Mobility/ROM
- ___ Other

Duration & Frequency

- ___ 1 x Week for ___ Weeks
- ___ 2 x Week for ___ Weeks
- ___ 3 x Week for ___ Weeks
- ___ 1 x Month for ___ Months
- ___ 2 x Month for ___ Months

Additional Specific Instructions: _____

Patient to return or call prior to renewal of prescription

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