

Fax Cover Sheet

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Rogue Health LLC

Fax from: _____

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Pages: _____ Comments: _____

Rogue Health
LLC

Intelligent Manual Therapy for Injury Recovery

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Physician Referral/Prescription: Medical Necessity for Massage & Manual Therapy

Referring Physician & Facility: _____

Date of Prescription: _____ Phone: _____ Fax: _____

Patient: _____ Phone: _____ DOB: _____

DOI: _____ The following diagnoses are related to: MVA Other: _____

For manual therapy prescriptions, all diagnosis codes provided must reflect soft tissue pathologies.

A=Initial encounter (1)=Right side (2)=Left side

- | | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> R51 Headache | <input type="checkbox"/> M77.0(1)(2) Med. Epicondylitis elbow | <input type="checkbox"/> M54.4 Lumbago w/Sciatica |
| <input type="checkbox"/> S06.0x0A Concussion w/o loss consciousness | <input type="checkbox"/> M77.1(1)(2) Lat. Epicondylitis elbow | <input type="checkbox"/> M54.17 Radiculopathy, lumbosacral |
| <input type="checkbox"/> M54.2 Cervicalgia | <input type="checkbox"/> G56.0(1)(2) Carpal tunnel syndrome | <input type="checkbox"/> M54.3(1)(2) Sciatica |
| <input type="checkbox"/> M54.12 Radiculopathy, cervical region | <input type="checkbox"/> M54.14 Radiculopathy, thoracic region | <input type="checkbox"/> S33.6XXA Sacroiliac joint sprain |
| <input type="checkbox"/> S13.4XXA Cervical spine sprain | <input type="checkbox"/> M54.6 Pain in thoracic spine | <input type="checkbox"/> S33.8XXA Other parts of lumbar spine and pelvis sprain |
| <input type="checkbox"/> S16.1XXA Strain muscle, fascia & tendon neck level | <input type="checkbox"/> S23.3XXA Thoracic sprain/strain | <input type="checkbox"/> M25.55(1)(2) Pain in hip |
| <input type="checkbox"/> M25.51(1)(2) Pain in shoulder | <input type="checkbox"/> S29.012A Strain muscle & tendon of back wall of thorax | <input type="checkbox"/> M79.60(4)R (5)L Pain in leg |
| <input type="checkbox"/> M75.0(1)(2) Adhesive capsulitis shoulder | <input type="checkbox"/> M54.18 Radiculopathy, sacral & sacrococcygeal | <input type="checkbox"/> M25.56(1)(2) Pain in knee |
| <input type="checkbox"/> S14.3XXA Injury of brachial plexus | <input type="checkbox"/> M54.5 Low back pain | <input type="checkbox"/> M79.67(1)(2) Pain in foot |
| <input type="checkbox"/> S43.41(1)(2)A Coracohumeral (ligament) Sprain | <input type="checkbox"/> M54.16 Radiculopathy, lumbar region | <input type="checkbox"/> G57.5(1)(2) Tarsal tunnel syndrome |
| <input type="checkbox"/> S43.42(1)(2)A Rotator cuff sprain | <input type="checkbox"/> S39.012A Strain muscle, fascia & tendon of lower back | <input type="checkbox"/> M79.7 Fibromyalgia |
| <input type="checkbox"/> M79.60(1)(2) Pain in arm | <input type="checkbox"/> S33.5XXA Lumbar sprain/strain | <input type="checkbox"/> G20 Parkinson's Disease |
| | | <input type="checkbox"/> M62.89 Muscle Stiffness |

Other soft tissue diagnosis codes with descriptions: _____

Evaluation and Treatment Plan: Treatment is medically necessary. Please evaluate (97001, 97002) and treat patient using procedures and modalities which are within the scope of practice for a Licensed Massage Therapist in Oregon, including but not limited to massage therapy (97124), moist heat, cryotherapy, application of topical pain relief preparations (97010), deep tissue massage, trigger point therapy, direct and indirect myofascial release techniques, positional release techniques, and muscle energy techniques such as proprioceptive neuromuscular facilitation (97140). The use of each procedure for each treatment shall be determined by the diagnosis, patient's presenting complaints/symptoms, range of motion considerations, and patient tolerance. If symptoms of myofascial pain syndrome are detected during evaluation or treatment (the presence of trigger points located along taut/tender bands within the muscle fiber) please check global posture and gait for possible, remote and local perpetuating factors and treat to correct them.

Please do not instruct patient regarding self-stretches. Please do not instruct patient to increase water intake following treatment.

There are precautions or contraindications for this patient: _____

Prescription/Plan:

Number of visits per week: _____ Total number of visits: _____ PRN

Physician's Signature: _____ NPI: _____