

**PHYSICIAN'S PRESCRIPTION / REFERRAL / MEDICAL NECESSITY**

FROM DOCTOR: \_\_\_\_\_ DATE: \_\_\_\_-\_\_\_\_-20\_\_\_\_

PHONE: ( ) \_\_\_\_\_-\_\_\_\_\_ FAX: ( ) \_\_\_\_\_-\_\_\_\_\_

TO THERAPIST: Jeffrey A. Lutz, CMTPT PH: 724-853-2353 FAX 724-853-2354

ADDRESS: 4000 Hempfield Plaza Blvd., Suite 982 Greensburg, PA 15601 OR  
526 E Bruceton Rd., Suite 106A Pittsburgh, PA 15236

REGARDING PATIENT \_\_\_\_\_, TREATMENT IS MEDICALLY NECESSARY. Please treat the patient for diagnoses indicated below, using the modalities/procedures checkmarked below that are within your scope of practice.

MODALITIES / PROCEDURES

- 97010\_\_\_ HOT OR COLD PACKS
- 97018\_\_\_ PARAFFIN BATH
- 97026\_\_\_ INFRARED HEAT
- 97112\_\_\_ NEUROMUSCULAR RE-EDUCATION
- 97124\_\_\_ MASSAGE THERAPY
- 97140\_  MANUAL THERAPY TECHNIQUES
- 97250\_\_\_ MYOFASCIAL RELEASE

DX CODES

- 354.0\_\_\_ CARPAL TUNNEL SYNDROME
- 723.1\_\_\_ CERVICALGIA
- 723.4\_\_\_ UPPER EXTREMITIES: BRACHIAL NEURITIS / RADICULITIS
- 724.3\_\_\_ SCIATICA
- 724.4\_\_\_ LUMBOSACRAL / THORACIC NEURITIS OR RADICULITIS (Lower Extremities)
- 729.1\_\_\_ FIBROMYALGIA / MYALGIA / MYOSITIS
- 784.0\_\_\_ HEADACHE
- 840.9\_\_\_ SHOULDERS-UPPER 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\_\_\_ SACRAL SPRAIN / STRAIN
- 847.4\_\_\_ COCCYX SPRAIN / STRAIN
- 848.1\_\_\_ T.M.J. SPRAIN / STRAIN

**OTHER DX CODES**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

LICENSE# \_\_\_\_\_ UPIN# \_\_\_\_\_

NPI # \_\_\_\_\_

# OF VISITS \_\_\_\_\_ # OF TIMES PER WEEK \_\_\_\_\_ # OF WEEKS \_\_\_\_\_

SPECIAL NOTES \_\_\_\_\_

I WOULD LIKE A COPY OF THIS PATIENT'S NOTES SENT TO MY OFFICE  YES  NO

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_