



**Prescription for Therapeutic Massage**

\_\_\_\_\_  
Prescribing Physician Name

\_\_\_\_\_  
Date

To: Carrie Ebling, LMT #8058

Regarding our patient \_\_\_\_\_ DOB \_\_\_\_\_

Treatment is Medically Necessary:  Yes  No

Please Treat the Patient for the diagnosis indicated below, utilizing therapeutic massage.

Condition is related to:  Auto Accident  Work Injury  Other \_\_\_\_\_

Diagnosis Codes:

- 354.0 Carpal Tunnel Syndrome
- 723.1 Cervicalgia
- 723.4 Brachial Neuritis / Radiculitis (upper extremity)
- 724.3 Sciatica
- 724.4 Lumbosacral / Thoracic Neuritis or Radiculitis (lower extremity)
- 728.85 Myospasm
- 729.1 Fibromyalgia / Myalgia / Myositis
- 784.0 Headache
- 840.9 Shoulder-Upper arm Sprain / Strain
- 847.0 Cervical Sprain / Strain
- 847.1 Thoracic Sprain / Strain
- 847.2 Lumbar Sprain / Strain
- 847.3 Sacral Sprain / Strain
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Duration and Frequency of Massage Treatment:

30 minutes  60 minutes \_\_\_\_\_ times per week for \_\_\_\_\_ weeks.

Treatment Goals:

- Decrease Pain  Decrease Inflammation  Decrease Muscle tension
- Increase Range of Motion  Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Prescribing Physician

\_\_\_\_\_  
Date