Bryant Chiropractic and Massage/ Bellevue Pregnancy Massage

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Massage Therapy Referral
And Determination of Urgency and Medical Necessity of Massage Therapy For Acute Pain Control, Severe Whiplash, Lymphatic Overwhelm or similar urgent condition during COVID-19

This prescription verifies that this patient requires massage therapy for the diagnosis codes listed below that is medically necessary and urgent in nature for acute pain control, severe whiplash or lymphatic overwhelm or similar urgent condition in accordance to the Washington State Department of Health Guidelines. Delay in treatment could cause one or more of the following: worsening of significant or severe pain, dysfunction in daily life or work, increased loss of function, would result in a less-positive ultimate medical outcome, result in more complex future treatment or deterioration of the patient's condition or overall health, condition is at risk of progressing or causing advancement of the disease process.

Patient Name: _____ Date: _____

Home Address: _____

Home Phone Number:_____ Work Number: _____

Date of Birth:_____ Date of Injury or EDD: _____

Please, check the appropriate diagnosis codes or write up to four ICD-10 codes:

☐ Cervicalgia: M54.2
☐ Pain in Thoracic Spine: M54.6
☐ Pain in Lumbar Spine: M54.5
☐ Myospasm of Low Back: M62.830
☐ Low back pain in pregnancy: O99.89
☐ Other Muscle Spasm: M62.838

1) ICD-10: _____
2) ICD-10: _____
3) ICD-10: _____
4) ICD-10: _____

☐ Hip Pain: M25.559 ☐ Leg Pain: M79.606 ☐ Arm Pain: M79.603 ☐ Foot Pain: M79.673

Please, Write Frequency Of Treatment: _____ Massages for total of _____ weeks

Condition To Be Treated Is Related To:
☐ Pregnancy ☐ Postpartum ☐ Auto Accident ☐ Injury ☐ Myospasm ☐ Other_____

Billing Information: _____

Doctor/Midwife's Name:_____ NPI: _____

Signature:_____

Phone Number:_____ Fax Number:_____