

Bryant Chiropractic and Massage
Bellevue Pregnancy Massage
Ekaterina Bryant, LMT Lic#MA00021223
1150 140th Ave. NE., Suite 101, Bellevue, WA 98005
Phone: 425- 890- 8983; Fax: 425- 412- 4949; **E-mail:** kate@massagetherapy.com
Websites: www.bellevuepregnancymassage.com ; www.bryantchiropracticandmassage.com

Massage Therapy Referral

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** 1) **ICD-10:** _____

Pain in Thoracic Spine: **M54.6** 2) **ICD-10:** _____

Pain in Lumbar Spine: **M54.5** 3) **ICD-10:** _____

Myospasm of Low Back: **M62.830** 4) **ICD-10:** _____

Low back pain in pregnancy: **O99.89** Hip Pain: **M25.559**

Other Muscle Spasm: **M62.838** Leg Pain: **M79.606**

Arm Pain: **M79.603** Foot Pain: **M79.673**

Please, Write Frequency Of Treatment: 1 Massage a week for total of _____ visits

Condition To Be Treated Is Related To

Pregnancy Postpartum Auto Accident Injury Myospasm Other _____

Additional Notes: _____

Insurance: Private Insurance Auto/PIP 3rd Party/Attorney L&I

Billing Information: _____

Doctor/Midwife's Name: _____ **NPI:** _____

Signature: _____

Phone Number: _____