Northbound Movement and Massage
815 2nd Ave Suite 115
Fairbanks AK, 99701
Ph# 907-799-1572
Fax# 907-759-7202

Massage Therapy Prescription / Referral / Treatment Plan Request

Patient Name: DOB:

Treating Provider: Alejandra Perez, LMT. License # 142217 NPI # 1972160653

Prescribing Physician: NPI#
Organization: Phone Number:
Address: Fax Number:

Modalities:
___ 97140 Manual Therapy Techniques

Diagnostic Codes:
___ M26.609 - Unspecified TMJ joint disorder
___ M54.2 - Cervicalgia
___ M41.9 - Scoliosis
___ M54.50 - Low back pain
___ M54.6 Pain in thoracic spine
___ M79.7 - Fibromyalgia
___ M25.519 Pain in shoulder
___ M25.529 Pain in elbow
___ M25.539 Pain in wrist
___ M25.559 Pain in hip
___ M25.569 Pain in knee
___ M25.579 Pain in ankle and joints of foot
___ M25.59 Pain in other specified joint
___ M54.3 Sciatica
___ R51.9 Headache, unspecified
___ G56.00 Carpal Tunnel Syndrome

Other IDC-10 Codes:
_____
_____
_____
_____
_____

Additional Notes: _____
_____
_____

Treatment Frequency: ____/week or ____/month Treatment Goal: _____
Treatment Duration: ____ months _____
# of Visits:_____ Start Date: _____

Signature:_____ NPI# _____ Date:_____