



Houston Medical Massage  
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Houston, TX 77098  
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**Physician's Diagnostic Form**

Date: \_\_\_\_\_

Patient: \_\_\_\_\_

Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Referred To: \_\_\_\_\_ Phone: \_\_\_\_\_

*Any of the following Physicians' Current Procedural Terminology, CPTTM procedures and / or modalities, which are within this therapists' scope of practice, training, & / or State & / or Patient's Insurance Policy regulations, may be used as therapist deems necessary during any treatment session.*

The Following Prescribed Treatment is Medically Necessary

PROCEDURES and MODALITY

- 97250  MYOFASCIAL RELEASE
- 97039  UNLISTED MODALITY, by report
- 97124  MASSAGE THERAPY
- 97139  UNLISTED PROCEDURE, by report

- 97140  MANUAL THERAPY TECHNIQUES
- 97799  Unlisted Physical Medicine Rehab .....
- Service or Procedure (By Report)
- \_\_\_\_\_  OTHER \_\_\_\_\_

PHYSICIAN'S DIAGNOSIS OF PATIENT

- 346.  MIGRAINES
- 784.0  HEADACHES
- 847.0  CERVICAL, Inc. Whiplash Injury Sprain / Strain
- 848.1  JAW (TMJ & Ligament) Sprain / Strain R \_ L \_
- 723.1  CERVICALGIA (pain in neck)
- 840.3  INFRASPINATUS Sprain / Strain R \_ L \_
- 840.5  SUBSCAPULARIS Sprain / Strain (muscle) R \_ L \_
- 840.6  SUPRASPINATUS Sprain/ Strain (muscle) R \_ L \_
- 840.9  SHOULDER & ARM (unspecified site) R \_ L \_
- 841.9  ELBOW & FOREARM (unspecified site) R \_ L \_
- 842.00  WRIST Sprain / Strain (unspecified site) R \_ L \_
- 354.0  CARPAL TUNNEL SYNDROME R \_ L \_
- 842.10  HAND Sprain / Strain (unspecified site) R \_ L \_
- 724.1  PAIN IN THORACIC SPINE
- 847.1  THORACIC (DORSAL) Sprain / Strain

- 847.2  LUMBAR Sprain / Strain
- 848.9  PELVIS (unspecified site) Sprain / Strain
- 843.9  HIP & THIGH (unspecified site)
- 846.9  SACROILIAC REGION (unspecified site) Spr/Str
- 847.3  SACRUM Sprain / Strain
- 724.4  LUMBOSACRAL RADICULITIS R \_ L \_
- 724.3  SCIATICA (neuralgia, neuritis) R \_ L \_
- 844.9  KNEE OR LEG Sprain/Strain R \_ L \_
- 845.00  ANKLE (unspecified site) Sprain/Strain R \_ L \_
- 845.10  FOOT (unspecified site) Sprain/Strain R \_ L \_
- 728.2  MYOFIBROSIS; muscles, ligament, fascia
- 728.85  SPASM OF MUSCLE \_\_\_\_\_
- 729.1  MYALGIA & MYOSITIS (Fibromyositis)
- 728.9  Unspecified Disorder Of Muscle, Ligament, Fascia
- Other  \_\_\_\_\_

Times Per Week: \_\_\_\_\_ for \_\_\_\_\_ Weeks, OR Times Per Month: \_\_\_\_\_ for \_\_\_\_\_ Months, or Total Visits This Script \_\_\_\_\_

**Patient to return or call, prior to renewal of prescription**

**PLAN OF CARE / COMMENTS:**

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PHYSICIAN'S SIGNATURE: \_\_\_\_\_ LICENSE: \_\_\_\_\_ DR. NPI# \_\_\_\_\_