**PHYSICIAN’S REFERRAL/ORDER FOR THERAPEUTIC MASSAGE (CPT Code 97124)**

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Diagnosis Code: \_\_\_\_\_\_\_\_\_\_\_

I am referring this patient to Family & Nursing Care to receive therapeutic massage services for the following reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Rx: \_\_\_\_\_\_\_\_\_\_\_\_\_times per week/month for a period of \_\_\_\_\_\_\_\_\_\_ weeks/months.

Please note that the following considerations/medications warrant special concern:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Physician’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

*PHYSICIAN SHOULD RETURN ORDER FORM TO PATIENT AND MAY ALSO FAX TO FAMILY& NURSING CARE AT 301-588-7662.*

* **With a doctor’s order, your health insurance carrier *may* reimburse for therapeutic massage. Prior to your first appointment, it is recommended that you call your insurance carrier to ask about benefit eligibility for massage. It is also recommend that you ask how many visits you are entitled to and whether there are restrictions for your diagnosis.**
* **Family & Nursing Care does NOT participate with any insurance providers. We will give you a receipt for services provided that you can submit to your insurance company.**

* **With a doctor’s order for massage, your therapeutic massage with Family & Nursing Care may be tax deductible as a qualified medical expense.**