

Southwest Therapy & Rehab LLC

www.southwesttherapy.com

EIN 27-3506899 NPI 1134299555

Phone: 505-239-9644 Fax: 505-896-2958

NM/AZ/OR/CA/TX

Physician's Prescription of Medical Necessity

Referring Physician: _____

Phone: _____ Fax#: _____

NPI #: _____ Address: _____

Regarding Patient _____ DOB _____ M or F circle

Insurance NAME/address and member # _____

Patient address: _____

TREATMENT IS MEDICALLY NECESSARY. Please treat the patient for diagnoses indication below, using the modalities/procedures check marked below that are within your scope of practice. We at SW Therapy & Rehab do NOT evaluate.

MODALITIES/PROCEDURES

___ 97124

___ 97140

DX CODES

354.0 ___ Carpal Tunnel Syndrome

723.1 ___ Cervicalgia

723.4 ___ Brachial Neuritis/Radiculitis (UE)

724.3 ___ Sciatica

724.4 ___ Lumbosacral/Thoracic Neuritis or Radiculitis (LE)

729.1 ___ Fibromyalgia/Myalgia/Myositis

784.0 ___ Headache

840.9 ___ Shoulders-Upper Arms Strain/Sprain

846.0 ___ Lumbosacral Strain/Sprain

847.0 ___ Cervical Strain/Sprain

847.1 ___ Thoracic Strain/Sprain

847.2 ___ Lumbar Strain/Sprain

847.3 ___ Sacral Strain/Sprain

847.4 ___ Coccyx Strain/Sprain

848.1 ___ T.M.J. Strain/Sprain

Other Dx Codes: 1. _____ 2. _____

Of Visits _____ # Of Times Per Week _____ # Of Weeks _____ 12 weeks max

Special Notes _____

Dr. Signature _____ Date: _____

11/30/2015