



Tampa Massage Clinic

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PRESCRIPTION / LETTER OF REFERRAL

“THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY”

DATE _____ / _____ / _____

PATIENT: _____ DOB: _____

PHYSICIAN: _____ ADDRESS: _____

PHONE: _____ FAX: _____

REFERRED TO: _____ Phone: _____

Any of the following Physicians' Current Procedural Terminology, CPT™ procedures and / or modalities, which are within this therapists' scope of practice, and training, and / or State Licensing and / or Patient's Insurance Policy regulations, may be used as therapist deems necessary during any treatment session. Normally 4 procedure units are allowed per visit and 2 modalities. A Unit = 15 minute segments of time. Conditions or prescription may require more units.

PROCEDURES and MODALITIES

97124 – MESSAGE THERAPY 97140 – MANUAL THERAPY 97010 – HOT/COLD PACKS (as necessary)

PHYSICIAN'S DIAGNOSIS OF PATIENT

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:

PHYSICIAN'S SIGNATURE: _____ NPI #: _____