

*Waterland Wellness Massage*

22014 7<sup>th</sup> Ave S

Suite 105

Des Moines, WA 98198

Phone: (206) 824-1441

**Health Care Provider Prescription / Referral**

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

Referring HCP: \_\_\_\_\_

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

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

Massage Practitioner:

- Leanne Kuhlman, LMT [waterlandwellness@gmail.com](mailto:waterlandwellness@gmail.com)
- \_\_\_\_\_ [waterlandwellness@gmail.com](mailto:waterlandwellness@gmail.com)

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

**Treatment is medically necessary.** Please treat the patient for diagnosis indicated below, using the modalities/procedure(s) checkmarked below that are within your scope of practice.

CPT codes:

- 97010:  
Application of a modality to one or more areas; hot or cold packs
- 97124:  
Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage, and/or tapotement (stroking, compression, percussion)

ICD-10 Diagnosis Code(s):      Descriptor:

_____	_____
_____	_____
_____	_____
_____	_____

Reporting: Massage therapist will send a Status Report following completion of the initial referral cycle. Please indicate how you would like to receive this information:

\_\_\_ Fax    \_\_\_ Mail    \_\_\_ Email    \_\_\_ Send copies of chart notes with each report