Bryant Chiropractic and Massage - Kate Bryant, LMP
"Nurturing Care For Mothers and Their Babies"
License Number: MA00021223, Certified in "Massage For The Childbearing Year"
12443 Bel-Red Road, Suite 310, Bellevue, WA 98005 **Phone:** 425 - 890 - 8983 **Fax:** 425 - 412 - 4949
e-mail: kate@massagetherapy.com **website**: www.bellevuepregnancymassage.com

Massage Therapy Referral

Date: _____

Patient Name: _____

Home Address: _____

Home Phone Number:_____ Work Number: _____

Date of Birth:_____ Date of Loss: _____

Please, mark or write up to Four ICD-10 codes:

☐ Cervicalgia: **M54.2** 1) **ICD-10:** _____

☐ Pain in Thoracic Spine: **M54.6** 2) **ICD-10:** _____

☐ Pain in Lumbar Spine: **M54.5** 3) **ICD-10:** _____

☐ Dislocation of SI joint: **S33.2XXA** 4) **ICD-10:** _____

☐ Myospasm of Low Back: **M62.830**

☐ Other Myospasm: **M62.838**

Frequency Of Treatment: _____ Massage(s) a week/ month for total of _____ visits

Special Instructions:

☐ Please send written progress report ☐ Please call regarding patient progress

☐ Other:_____

Condition To Be Treated Is Related To

☐ Pregnancy ☐ Auto Accident ☐ Injury ☐Myospasm ☐ Other

Insurance: ☐ Private Insurance ☐ Auto/PIP ☐ 3rd Party/Attorney ☐ L&I

Billing Information: _____

Doctor/Midwife's Name:_____ NPI: _____

Signature:_____

Phone Number:_____ **Fax Number:** _____