

PRESCRIPTION / LETTER OF REFERRAL

"THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY"

DATE ____/____/____

PATIENT: _____

DOCTOR: _____

ADDRESS: _____

NPI# _____

FAX: _____

PHONE: _____

REFERRED TO:

Provider: Emily Dulac, LMT DBA A Whole New You
Phone: 406-314-5800

NPI # 1154871069

Any of the following Doctors' 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

97140 MANUAL THERAPY TECHNIQUES

DOCTOR'S DIAGNOSIS OF PATIENT

ICD-10	Description	ICD-10	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Times Per Week: _____ for _____ Weeks, OR
Total Visits This Script _____

Patient to return or call, prior to renewal of prescription

PLAN OF CARE / COMMENTS:

DOCTOR'S SIGNATURE: _____

NPI# _____