



Indy Myopain Relief Center

Steven E Maschmeyer, CMTPT, LMT, MS, ASCP

Certified Myofascial Trigger Point, Extra Corporeal Shock Wave,
Frequency Specific Micro Current, Neuro Muscular, Massage Therapist

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Referral-Prescription-Medical Necessity

FROM PRESCRIBER: _____ MD, DDS, OD, DC, PA, NP, _____ DATE: _____

PHONE NUMBER: _____ EMAIL: _____

TO THERAPIST: **Steven E Maschmeyer** CMTPT, LMT ADDRESS: **10291 N Meridian St, STE 170, Carmel, IN 46290**

REGARDING PATIENT: _____, TREATMENT IS MEDICALLY NECESSARY.

Please treat the patient for diagnoses indicated below, using the modalities/procedures check marked below that are within your scope of practice.

MODALITIES / PROCEDURES

Treatment necessary for proper restoration of normal function

Myofascial Release, 97140

Neuromuscular Reeducation 97112

Trigger Point Therapy 97140

Extracorporeal Shockwave Therapy Low Energy 97035, 6A931ZZ

Frequency Specific Micro Current (Energy Medicine) 97032, 97014

PTSD Therapy

Medical Therapeutic Massage 97124

Diagnosis Codes

M62.40 Contracture of Muscle – Unspecified

M79.1 Muscle Pain-Myalgia

M60.9 Myositis – Myofascial Dysfunction

M79.9 Soft Tissue Disorder - Unspecified

R68.84 Pain in Jaw

PRESCRIBER'S SIGNATURE: _____ DATE: _____

LICENSE NUMBER: _____ UPIN NUMBER: _____ NPI NUMBER: _____

SPECIAL NOTES: _____

Please call our office to make an appointment for your patient: 317.658.4987 and then provide your patient this form.

Appointment: Date _____ Time _____

Therapist: _____

INDY MYOPAIN RELIEF CENTER

Phone 317.658.4987

Google Map

Steve Maschmeyer VCard

Website QR Code

