



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

p: 317.973.0888 f:317.458.2062 indymyopain.com email: steve@indymyopain.com

Referral-Prescription-Medical Necessity

FROM PRESCRIBER: _____ MD, DDS, OD, DC, RPh, 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

Bio-electric Therapy (Frequency Specific Micro Current) 97032, 97014

PTSD Therapy

Medical Therapeutic Massage 97124

Lymphatic Drainage 97124

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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

I89.0 Lymphedema (non-post-mastectomy)

I97.2 Post Mastectomy Lymphedema

PRESCRIBER'S SIGNATURE: _____ DATE: _____

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

SPECIAL NOTES: _____

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

Appointment: Date _____ Time _____
Therapist: _____

INDY MYOPAIN RELIEF CENTER

Phone 317.658.4987

Map to our Location in Carmel, Indiana

Business Card

Website QR Code

