



# 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:833.331.2319 indymyopain.com email: [steve@indymyopain.com](mailto: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

### Diagnosis Codes

\_\_\_ Treatment necessary for proper restoration of normal function

\_\_\_\_\_

\_\_\_ **Trigger Point Therapy 97140**

\_\_\_\_\_

\_\_\_ **Myofascial Release, 97140**

\_\_\_ U09.9 Post COVID-19 condition

\_\_\_ **Neuromuscular Re-education 97112**

\_\_\_ M62.40 Contracture of Muscle – Unspecified

\_\_\_ Extracorporeal Shockwave Therapy Low Energy 97035, 6A931ZZ

\_\_\_ M79.1 Muscle Pain-Myalgia

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

\_\_\_ M60.9 Myositis – Myofascial Dysfunction

\_\_\_ **PTSD** Therapy (Air Force-Navy Program)

\_\_\_ M79.9 Soft Tissue Disorder - Unspecified

\_\_\_ **Post COVID** Treatment 97032, 97014, 97140 (Air Force-Navy Program)

\_\_\_ R68.84 Pain in Jaw

\_\_\_ Medical Therapeutic Massage 97124

\_\_\_ M54.59 Low Back Pain Unspecified

\_\_\_ Lymphatic Drainage 97140

\_\_\_ I89.0 Lymphedema (non-post-mastectomy)

PRESCRIBER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

LISCENSE 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

Map to our Location in Carmel Indiana

Website QR Code

