

Blue Pearl Medical Massage, LLC
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Medical Massage, Myofascial, Craniosacral, Visceral Manipulation and Colorpuncture specialist
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Re: Patient _____ DOB: _____

Accident dated _____

Dr. _____

NPI # _____

Address _____

Phone _____

Treatment is medically necessary. Please treat the patient for diagnoses indicated below, using the modalities/procedure check marked below that are within your scope of practice.

Initial _____ Injury at issue occurred in a motor vehicle collision. Date of related collision _____

Modalities/Procedure

97122 _____ manual traction

Other _____

97140 Manual therapy techniques - mfr

Other _____

Dx Codes

S46.919A _____ Shoulders-upper arm strain

M54.18 _____ Sciatica

S13.8XXA _____ Neck ligaments strain/sprain

M54.14 _____ Radiculitis thoracic

S23.8XXA _____ Thorax strain/sprain

M54.17 _____ Lumbosacral radiculitis

S33.6XXS _____ Sacral strain/sprain

M54.2 _____ Radiculopathy Cervical

S39.012A _____ Lumbar strain/sprain

M54.5 _____ Low back pain

G54.0 _____ Brachial neuritis/radiculitis (UE)

M54.6 _____ Thoracic spine Pain

G56.01 _____ Carpal tunnel syndrome

M79.1 _____ Myalgia

G72.41 _____ Myositis

M79.7 _____ Fibromyalgia

M26.62 _____ TMJ strain/sprain

R51 _____ Headache

M53.3 _____ Coccyx strain/sprain

Other Diagnosis code/s for treatment

1. _____ 2. _____ 3. _____

Number of Visits _____, _____ times a week for _____ Weeks

and then _____ times a week for _____ Weeks

Special Notes _____

Dr. Signature _____ Date _____