



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

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

