Healing Solutions Inc

Where You're Not Just a Body, You are **Somebody**

Prescription/Letter of Referral

"The Following Prescribed Treatment is Medically Necessary"

Date: _____

Patient: _____

Patient Claim #: _____ **Insurance Provider:** _____

Physician: _____ **Lic #** _____ **NPI#** _____

Address: _____

City & State: _____ **Zip:** _____

Phone: _____ **Fax:** _____

Referred to: Healing Solutions Inc./ Suzette Skidmore,MMT,CMT,LMT CO Lic # **MT.0004404** (720)696-0124
Any of the following Physician's Current Procedural Terminology, CPT™ procedures and/ or modalities which are within this therapist's scope of practice, training, and/ or State Licensing and/ or Patient's Insurance Policy Regulations, may be used as the therapist deems necessary during any treatment session. **Fax # Healing Solutions Inc. 303-664-1697**

Physician's Diagnosis of Patient

	ICD- 10 Code		**Name**
☐	_____	R L Both	_____
☐	_____	R L Both	_____
☐	_____	R L Both	_____
☐	_____	R L Both	_____
☐	_____	R L Both	_____
☐	_____	R L Both	_____
☐	_____	R L Both	_____
☐	_____	R L Both	_____

Start Date: _____ **Pt. to be seen** _____ **x a week for** _____ **weeks**

Progress Notes to be sent to referring Physician: ☐ weekly ☐ monthly ☐ Time of discharge ☐ Other: _____

_____ _____

Signature of Referring Physician **Date**