



Castrell Neuromuscular Therapy

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NPI 1164061412 | Tax ID 82-2925775

www.castrell.com

Manual Therapy Referral / Treatment Plan

Requesting Provider

Provider Name _____

Address _____

Phone Number _____

NPI Number _____

Fax Number _____

Patient information

Patient Name _____

Address _____

Phone Number _____

Date of Birth _____

ICD-10 Diagnosis Codes

| | | | | | |
|-----------------------------|--------|-----|-------------------------------|--------|-----|
| Shoulder | M25.51 | [] | TMJ | M26.62 | [] |
| Upper Arm | M79.62 | [] | Cervicalgia | M54.2 | [] |
| Forearm | M79.63 | [] | Carpal Tunnel Syndrome | G56.0 | [] |
| Elbow | M25.52 | [] | Low Back | | |
| Wrist | M25.53 | [] | Sciatica | M54.3 | [] |
| Hand (excluding fingers) | M79.64 | [] | Lumbago with Sciatica | M54.4 | [] |
| Hip | M25.55 | [] | Low Back Pain | M54.5 | [] |
| Thigh | M79.65 | [] | Other Diagnosis Codes: | | [] |
| Knee | M25.56 | [] | 1 | _____ | [] |
| Ankle (excluding foot/toes) | M25.57 | [] | 2 | _____ | [] |
| Foot (excluding toes) | M79.67 | [] | 3 | _____ | [] |

Treatment is medically necessary. Please treat the patient for diagnosis indicated above, using the available diagnosis check boxes within your scope of practice.

Prescribed Treatment **97140 – Neuromuscular Massage Therapy**

Duration and Frequency of Treatment _____

Physician Signature _____ Date _____