



# BLUE SKYES

## MASSAGE & WELLNESS CENTER

PURE WELLNESS. ABSOLUTE THERAPY.

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

### MASSAGE THERAPY PRESCRIPTION

**DIAGNOSIS:** (Please indicate all that apply)

I89.0 Lymphedema	S43.50XA Shoulder/Upper Arm Spr/Str.
M75.0 Adhesive Capsulitis Shoulder	G54.0 Thoracic Outlet Syndrome
A69.21 Meningitis due to Lyme Disease	S56.919A Elbow/Forearm Spr/Str.
M62.838 Muscle Spasm	S63.509A Wrist Sprain/Strain
M79.1 Myositis/Myalgia	G56.00 Carpal Tunnel Syndrome
M54.2 Cervical/Neck Pain	S73.109A Hip/Thigh Sprain/Strain
M54.6 Thoracic Pain	S83.429A Knee/Lower Leg Spr/Str.
M54.5 Lumbago/Low Back Pain	M76.60 Achilles Tendonitis
M54.3 Sciatica	M72.2 Plantar Facscitis
S13.4XXA Cervical Sprain/Strain	L90.5 Scar/Fibrosis
S23.3XXA Thoracic Sprain/Strain	S33.6XXA Sacroiliac Sprain/Strain
S33.5XXA Lumbar Sprain/Strain	S33.8XXA LumboSacral Sprain/Strain
R51 Headaches	C50.919 Malignant Neoplasm of unspecified site of female breast

**FREQUENCY/DURATION OF TREATMENT:**

\_\_\_\_\_ X per week      ----- weeks OR    Total # of Visits      -----

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_

1400 N. Gilbert Road, Suite E-1  
Gilbert, AZ 85234  
[www.blueskyeswellnesscenter.com](http://www.blueskyeswellnesscenter.com)  
[info@blueskyeswellnesscenter.com](mailto:info@blueskyeswellnesscenter.com)  
480-935-3132