

Pure Escape Spa
Therapeutic Massage Referral
Phone(253) 630-1332
Fax (253) 639-4809
13106 SE 240th St
Suite 202
Kent, Wa 98031

Name _____ Date _____

Date of Injury _____ Ins. Co _____

Referring Dr. (please print) _____

Dr. Phone _____ Fax _____

Diagnosis for Massage Therapy:

_____ M54.2	Cervicalgia	_____ M62.838	Muscle Spasm
_____ M54.6	Thoracic Pain	_____ S03.4XXA	Jaw Sprain
_____ M54.5	Lumbar Pain	_____ M79.1	Myalgia
_____ S13.4XXA	Cervical Sprain	_____ G56.00	Carpal Tunnel
_____ S23.3XXA	Thoracic Sprain	_____ M25.579	Ankle Pain
_____ S33.5XXA	Lumbar Sprain	_____ Z34.90	Pregnancy
_____ S83.90XA	Knee Sprain	_____ R51	Headaches
_____ S86.919A	Lower Leg Strain	_____ G43.009	Migraine w/o Aura
_____ S46.919A	Shoulder Strain		

Other Diagnosis with Codes: _____

Type of Insurance: Auto/PIP _____ L&I: _____ Private Ins. _____

Treatment Plan: Times per Week: _____ for _____ weeks
Times per Month: _____ for _____ months
Visits: _____

Additional Comments: _____

Doctor's Signature: _____ Date: _____

Doctor's ID Number: _____