** TMJ MASSAGE THERAPY REFERRAL/RX**

Ordering Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LMT: **Ricki McMillin, LMT/Mindful Body Balance, LLC**

Address: 3055 Rodenbeck Drive 4B Phone: 937-414-9454

 Beavercreek, OH 45432 Website: mindfulbodybalance.com

**Regarding Patient** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TMJ Massage 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.

Physicians Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnoses**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Modalities/Procedures**

**97124** \_\_\_\_\_ Massage Therapy **97140** \_\_\_\_\_ Manual Therapy Techniques

**97010** \_\_\_\_\_ Hot or Cold Packs

Symptoms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment Goals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Duration and Frequency of Treatment**

**TMJ Massage therapy Protocol**: 90-minute Assessment and therapy session, 2 week 60-minute follow-up

Return for additional treatment \_\_\_\_\_\_ times a month for \_\_\_\_ months

Once the form is completed, please provide to your Licensed Massage Therapist

Fax: 937-878-3459 Attn: Ricki McMillin, RDH, LMT

Email: Rickimcmillinlmt@gmail.com or mail to **3055 Rodenbeck Dr. 4B, Beavercreek, OH 45432**