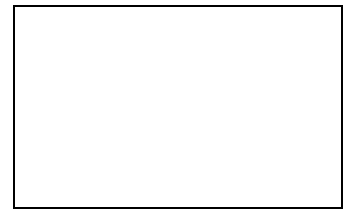


MFL East Location

**700 Union Parkway
Ronkonkoma, NY 11779
@Platinum Fitness**

MASSAGE FOR LIFE



From: Doctor _____ Date _____

Address _____

Phone _____ Fax _____ Other _____

To: Margaret M. Magee, DBA Massage For Life Fax: (631) 337-1948
P.O. Box 997 – Bethpage, NY 11714 Phone: (516) 330-9817

Patient's Name: _____ Age: _____

Diagnosis: _____ Dx Code: _____

Precautions: _____

Duration and Frequency of Treatment: ____ Times per week for ____ weeks

TREATMENT IS MEDICALLY NECESSARY

Please treat the patient for diagnoses indicated below, using the modalities/procedures listed below that are within your scope of practice.

Massage Therapy / Prescription / Treatment Plan

Condition is related to:

___ Auto Accident Date of injury: _____

___ Work injury

___ Illness

___ Other _____

Other Dx Codes

1. _____

2. _____

3. _____

4. _____

Treatment Goals:

___ Decrease Pain

___ Decrease Inflammation

___ Decrease Muscle Tension / Spasms

___ Increase Mobility / Range of Motion

___ Other _____

Physicians Signature: _____ Date: _____

License #: _____ NPI #: _____