

**MFL East Location**

**700-1 Union Parkway  
Ronkonkoma, NY 11779  
@Platinum Fitness**

**MFL West Location**

**Temporarily  
Closed**

# 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 #: \_\_\_\_\_