



Castrell Neuromuscular Therapy

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NPI 1164061412 | Tax ID 82-2925775

www.castrell.com

Manual Therapy Referral / Treatment Plan

Requesting Provider

Provider Name _____

NPI Number _____

Address _____

Phone Number _____

Fax Number _____

Patient information

Patient Name _____

Date of Birth _____

Address _____

Phone Number _____

ICD-10 Diagnosis Codes

Shoulder	M25.51	[]	TMJ	M26.62	[]
Upper Arm	M79.62	[]	Cervicalgia	M54.2	[]
Forearm	M79.63	[]	Carpal Tunnel Syndrome	G56.0	[]
Elbow	M25.52	[]	Low Back		
Wrist	M25.53	[]	Sciatica	M54.3	[]
Hand (excluding fingers)	M79.64	[]	Lumbago with Sciatica	M54.4	[]
Hip	M25.55	[]	Low Back Pain	M54.5	[]
Thigh	M79.65	[]	Other Diagnosis Codes:		[]
Knee	M25.56	[]	1		[]
Ankle (excluding foot/toes)	M25.57	[]	2		[]
Foot (excluding toes)	M79.67	[]	3		[]

Treatment is medically necessary. Please treat the patient for diagnosis indicated above, using the available diagnosis check boxes within your scope of practice.

Prescribed Treatment **97140 – Neuromuscular Massage Therapy**

Duration and Frequency of Treatment _____

Physician Signature _____ Date _____