MidMichigan
THERAPEUTIC MASSAGE CARE
Improving the quality of living. One person at a time.™
1310 Ashly Court Midland, MI 48640 | Phone: 989-450-0363 | Fax: 989-839-2755
Email: Shannon-Oriedo@mmtmc.org | www.mmtmc.org

Physician/Health-Care Provider's Referral

Patient Information

Patient Name: _____ Date of Birth: _____

Insurance ID#: _____ Date of Injury/Illness: _____

Referred to

Provider Name: _____ Specialty/Type of Treatment: _____

Reason for Referral

Diagnosis codes—ICD-9/10: _____

Number of visits (frequency/duration): _____

Is the referral for medically necessary treatment? Yes ☐ No ☐

Description of condition:

_____

Possible precautions due to condition:

_____

Possible interactions with medications:

Referred by

Physician/Health-Care Provider Name: _____

Address _____

City _____ State ____ Zip Code _____

Phone _____ Fax: _____ Email: _____

Signature: _____ Date: _____

Please note: Should you notice anything unusual or significant during treatment, please notify this office immediately. Otherwise, a summary report at the end of treatment is appreciated.