



Doctor Referral Letter



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Tamara M. Burns, LMBT, MMP #15498, NPI # 1285303651

Date:

RE: _____

Dear Dr.

Your patient has chosen to utilize our service for manual therapy &/or massage therapy and request all charges to be billed to his/her insurance. In order to meet insurance and legal requirements for medically necessary care, **we need the enclosed physician's prescription properly complete and signed.** We have pre-marked the area within our scope of practice.

If the marked modalities and/or procedures meet your approval, please indicate the diagnoses that you would have is treat for your patient's condition. **Once completed and signed, please be so kind to fax back this prescription at your earliest convenience.**

It is our policy that all treating therapists are competent in advanced therapies and duly licensed. We will ensure that all medical documentation and progress notes of treatment will be kept current and available upon your request.

Thank you for your time and trust in our therapeutic services for your patient needs.

Yours in good health,

Enclosure: Physician's Prescription of Medical Necessity