

**PRESCRIPTION / LETTER OF REFERRAL  
"THE FOLLOWING PRESCRIBED TREATMENT IS MEDICALLY NECESSARY"**

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PATIENT:** \_\_\_\_\_

**DOCTOR:** \_\_\_\_\_  
**NPI #:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
**FAX:** \_\_\_\_\_

**REFERRED TO:**

**PROVIDER: Kristina Williams, LMT DBA Bare Necessities Massage Therapy**  
**PHONE: (406) 431-3100** **NPI #: 1366058448**

Any of the following Doctors' Current Procedural Terminology, CPT™ procedures and / or modalities, which are within this therapists' scope of practice, training, and / or State Licensing, and /or Patient's Insurance Policy regulations, may be used as therapist deems necessary during any treatment session.

Normally 4 procedure units are allowed per visit and 2 modalities. A unit = 15 minute segments of time. Conditions or prescriptions may require more units.

**PROCEDURES AND MODALITIES**  
97140 MANUAL THERAPY TECHNIQUES

**DOCTOR'S DIAGNOSIS OF PATIENT**

ICD-10	DESCRIPTION	ICD-10	DESCRIPTION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VISITS PER WEEK: \_\_\_\_\_ for \_\_\_\_\_ WEEKS, OR  
TOTAL VISITS THIS PRESCRIPTION: \_\_\_\_\_

Patient to return or call, prior to renewal of prescription.  
PLAN OF CARE / COMMENTS:

**DOCTOR'S SIGNATURE:** \_\_\_\_\_

BARE NECESSITIES MASSAGE THERAPY  
101 E. CENTER STREET, STE 203  
KALISPELL, MT 59901