



Rejuv Massage and Bodywork
8640 3rd Ave S
Bloomington, MN 55420
612-282-0858
Fax: 952-241-1470

Physician's Referral

Name: _____ DOB: _____ Phone: _____

Treatment(s) ordered

- Manual Therapy Techniques (e.g., Myofascial release, structural integration, lymph drainage)
 Therapeutic Massage, including integrated swedish, deep tissue, trigger point therapy, neuromuscular therapy

_____ Sessions of 60-90 minutes over _____ weeks.

Reason for referral

Is the referral for medically necessary treatment? Yes No

Date of Injury/Illness: _____

Diagnosis codes ICD-10: _____

Description of condition

Additional notes including possible precautions due to condition and/or interactions with medications

Referred by

Physician Name: _____ Clinic Name: _____

Clinic Address: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____ NPI: _____