



Rejuv Massage and Bodywork LLC
8640 3rd Ave S
Bloomington, MN 55420
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952-241-1470 fax
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Physician's Referral

Claim # _____

Name: _____ DOB: _____ Phone: _____

Date of Injury/Illness: _____ Work related injury? Yes No Auto Accident? Yes No

Treatment(s) Ordered

- _____ sessions of 60-90 minutes over a period of up to _____ weeks.
- Therapy to include, at therapist's discretion, manual therapy techniques and/or therapeutic massage.
- Therapy ordered is medically necessary for treatment of diagnosed conditions.

Diagnosis Codes ICD-10: _____

Description of Condition: _____

Additional Notes: _____

Referred by:

Doctor: _____ NPI: _____

Clinic Name: _____ Phone: _____

Clinic Address: _____

Doctor's Signature

Date