



Rejuv Massage and Bodywork LLC  
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Bloomington, MN 55420

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952-241-1470 fax  
rejuvmessage.com

## Physician's Referral

Claim# \_\_\_\_\_

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Injury/Illness: \_\_\_\_\_ Work related injury? Yes No Auto Accident? Yes No

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### 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: \_\_\_\_\_

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Description of Condition: \_\_\_\_\_

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Additional Notes: \_\_\_\_\_

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### Referred by:

\_\_\_\_\_  
Doctor

\_\_\_\_\_  
NPI

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Clinic Address

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date