



Sports Massage Clinic

3197 Bender Creek Circle

Burlington, VT 43579

802-555-5555

SportsMassage@example.com

<http://SportsMassage.example.com/>

Date: _____

Patient: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Condition Related To:

Auto Accident Work Injury Stress/Relaxation

Other: _____

Body Areas To Be Treated:

Neck Back Shoulders Legs Arms

Diagnosis Description & Codes: _____

Duration: 8 weeks 6 weeks 4 weeks other: Fre-

quency: daily 3x/week 2x/week weekly

biweekly monthly other: _____

Medically Necessary: Yes No

Prescribing Doctor: _____

Doctor's Provider #: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Signature: _____