PROVIDER ORDER

FOR MEDICAL MASSAGE THERAPY

Hands On HealthCare Massage Therapy, P.C.
208 Commack Road, Commack, NY 11725
631-462-4263 | Fax 631-386-8404 | NPI 1427832336

PATIENT AND CLINICAL INFORMATION

Please complete all applicable fields

PATIENT NAME

DATE OF BIRTH

DIAGNOSIS / ICD-10 CODE AND DESCRIPTION

CURRENT SYMPTOMS, FUNCTIONAL CONCERN OR REASON FOR REFERRAL

TREATMENT ORDER

PRESCRIBED TREATMENT

Medical Massage Therapy

FREQUENCY

DURATION

ORDER DATE

AREAS OF FOCUS, PRECAUTIONS OR RELEVANT MEDICAL CONSIDERATIONS

ORDERING PROVIDER

Signature required

PROVIDER NAME AND CREDENTIALS

PRACTICE

NPI

PROFESSIONAL LICENSE NUMBER

ADDRESS

PHONE

FAX

PROVIDER ATTESTATION AND SIGNATURE

DATE

I am ordering medical massage therapy for the diagnosis and clinical information documented above.

FAX COMPLETED ORDER TO 631-386-8404 | QUESTIONS: 631-462-4263

A provider order supports referral documentation but does not guarantee insurance coverage or payment.

Rev. 08/2026