



# Springboro Therapeutic Massage

764 W. Central Ave. (Rt.73)

Springboro, Ohio 45066

937-743-2099

## PHYSICIAN ORDER FOR MASSAGE THERAPY

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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient Home Phone: \_\_\_\_\_ Patient Work Phone: \_\_\_\_\_

### Massage Therapy for:

PRN for Wellness or Stress Reduction

PRN for Illness or Injury

As specified: Dx. \_\_\_\_\_

Physician Signature \_\_\_\_\_

Physician Name Printed \_\_\_\_\_

Physician Phone Number \_\_\_\_\_

Dear Doctor,

The above patient is a client receiving medical massage for wellness, injury/illness prevention and/or relief of recurring or chronic symptoms due to stress or a previously diagnosed condition. Effective August 1, 2003, anyone who receives massage services, medical or non-medical, will be subject to the newly expanded sales and use tax, equaling 6.5% in our county. This tax does not apply to any services performed under physician order. The law does not set specific requirements for the type of order needed to be exempt from sales tax, so I am encouraging physicians to consider authorizing care on an as-needed basis with no time limitations. By filling out and signing this form, you are helping your patient to continue being proactive in their health and wellness needs without being penalized with a tax. This referral has no bearing on insurance or reimbursement. If you have any questions regarding medical massage therapy, you are welcome to contact me at your convenience as listed above. I greatly appreciate your assistance in this matter.

Therapist: \_\_\_\_\_ Date: \_\_\_\_\_