



Synergy Health and Wellness, LLC ®
361 NE Franklin Ave. Bldg C
Bend, OR 97701
541.323.3488
Fax: 541.323.3483

Massage Therapy Referral Please fill out this form, providing as much information as possible, and fax to 541-323-3483

Patient Name: _____ Date of Birth: _____

Patient Phone Number: _____ Name of PCP: _____

Insurance Company: _____ Policy or Claim Number: _____

Reason for Referral and Diagnosis Code (s): _____

Pertinent Information, Recommendations, or Limitations:

Referring Provider Signature: _____

Referring Provider Name (print): _____ Date: _____

Provider Phone: _____ Fax: _____