



PRESCRIPTION/LETTER of REFERRAL

Referred to Miki Morrow, LMT, NKT, SFMA

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415 SE 177th Ave., Vancouver, WA 98683

Patient Information:

Date:

Name:

Phone#:

D.O.B.:

ICD – 10 Codes

-
-
-
-
-

Frequency:

_____ visit(s)

Weekly

Bi-weekly

Monthly

Year

Expiry date:

Auto Accident

Work Injury

Sports Injury

Other

Physician & Clinic Information:

Name:

Signature:

Date:

Clinic Address:

Phone#:

Thank You!