36. DIAGNOSIS (	36. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (38C)												9	10	
<sub>А.</sub> М.50.10				<mark>в.</mark> М.99.06		C.	c. S.43.4			D.					
Е				F.		G.	G.			н			_		
L.				J.		K.	к.			- L.					
37. CHECK APPE	37. CHECK APPROPRIATE CARE PATH (if applicable)														
CP1				CP2	CP3	CP4				CP5		CP6			
PROPOSED C	PROPOSED COURSE OF TREATMENT AS IT RELATES TO THIS MVA														
38. DATE( <b>S</b> ) OF REQUEST					PROCEDURES, SERVICES OR SUPPLIES										
FROM				. 1	·0	(Explain Unusual Circumstances)					DIAGNOSIS				
							EQUIPMENT		SPINAL INJECTION		POINTER	FREQUENCY	FREQUENCY	DURATION	
MM	DD	YY	MM	DD	YY	CPT/HCPCS	New	Rental	Unilateral	Bilateral			(Visits per week)		TOTAL UNITS
						98941					A				
						98943					BC				
						97012					А				