



Patient Name: _____ Date: _____

DOB: _____ Phone number: _____

<ul style="list-style-type: none"> Stress Urinary Incont: N39.3 	<ul style="list-style-type: none"> Incomplete Defecation R15.0 	<ul style="list-style-type: none"> Dyspareunia N94.10 	<ul style="list-style-type: none"> Thoracic Pain M54.6
<ul style="list-style-type: none"> Urinary Hesitancy R39.11 	<ul style="list-style-type: none"> Fecal Incont. R15.9 	<ul style="list-style-type: none"> Vaginismus N94.2 	<ul style="list-style-type: none"> Sacroiliac Dys. M53.2X8
<ul style="list-style-type: none"> Urinary Urgency R39.15 	<ul style="list-style-type: none"> Constipation K59.00 	<ul style="list-style-type: none"> Vulvodynia N94.819 	<ul style="list-style-type: none"> Cervicalgia M54.2
<ul style="list-style-type: none"> Urge Urinary Incont. N39.41 	<ul style="list-style-type: none"> Anal Spasm K59.4 	<ul style="list-style-type: none"> Vulvar Vestibulitis N94.810 	<ul style="list-style-type: none"> Low Back Pain M54.5
<ul style="list-style-type: none"> Urinary Frequency R35.0 	<ul style="list-style-type: none"> Lichen Sclerosus L90.0 	<ul style="list-style-type: none"> Pelvic Muscle Spasm M62.838 	<ul style="list-style-type: none"> Hip Pain Rt/L M25.559
<ul style="list-style-type: none"> Mixed Incont. N39.46 	<ul style="list-style-type: none"> Interstitial Cystitis N30.10 	<ul style="list-style-type: none"> Pelvic Muscle Wasting N81.84 	<ul style="list-style-type: none"> Coccygodynia-Chronic M53.3
<ul style="list-style-type: none"> Nocturia R35.1 	<ul style="list-style-type: none"> Uterovaginal prolapse N81.4 	<ul style="list-style-type: none"> Other female genital conditions N94.89 	<ul style="list-style-type: none"> Pelvic Pain R10.2 (M or F)
<ul style="list-style-type: none"> Overactive Bladder N32.81 	<ul style="list-style-type: none"> Incomplete Prolapse N81.2 	<ul style="list-style-type: none"> Obstetrical trauma O71.89 	<ul style="list-style-type: none"> Pudendal Neuralgia G58.8
<ul style="list-style-type: none"> Rectocele N81.6 	<ul style="list-style-type: none"> Atrophic Vaginitis N95.2 	<ul style="list-style-type: none"> Obstetrical damage joint/ligaments O71.6 	<ul style="list-style-type: none"> Diastasis Recti M62.08
<ul style="list-style-type: none"> Cystocele N81.10 Midline: N81.11 	<ul style="list-style-type: none"> Weakening Pubocervical N81.82 	<ul style="list-style-type: none"> Post-partum back, pelvis disorder O33.0 	<ul style="list-style-type: none"> Pubic Symphysis O71.6

Additional Diagnoses/Relevant Medical History/Recommendations/ICD10 Codes:

Physician Printed Name: _____

Physician Signature: