Physician/HealthCare Provider's Permission for Massage Therapy

PATIENT NAME: _____ **Date of Birth**: _____

Permission Granted To

Provider Name: Amy Monday, LMT
941-286-6616

Specialty/Type of Treatment: Massage Therapy
MA52539

Physician's Permission

There is no reason to believe that massage or bodywork treatments will harm this patient's progress. However, please note the following considerations.

Description of condition:

Possible interactions with medications:

Special instructions:

Permission Granted By

_____ _____

Physician/HealthCare Provider's Signature Date

Printed Name: _____ Phone: _____

Please note: Should you notice anything unusual or significant during treatment, please notify this office immediately.

MEMBER
Associated Bodywork & Massage Professionals