MEDICAL MASSAGE RELEASE FORM

Fax Number: 610-584-8098

Date:

Your patient DOB currently in your care, is considering therapeutic massage at The Body Serene. A concern was raised during a consultation and in reviewing your patient's medical history further clarification needed. In order to provide the most beneficial massage session, we request your input regarding any necessary restrictions, exclusions or contraindications for massage therapy. If you have any questions, please do not hesitate to call. 610-584-7284 and speak to the Spa Director.

Regarding your request for information on any restrictions, exclusions or contraindications for therapeutic massage for (Patient); I have reviewed this patient's record and recommend the following:

Physician Signature: Date:

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FOR OFFICIAL USE ONLY:

Client Contact:		Date:	

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