

Physician's Permission

Physician's Name: _____
Physician's Telephone: (_____) _____
Physician's Address: _____

Patient's Name _____ Phone Number _____

I have been treating this patient since _____ for the following condition(s): _____

There is no reason to believe that massage or bodywork treatments will harm this patient's progress. However, please note that the following considerations/medication warrant special concern: _____

Should you notice anything unusual or suspicious in the treatment or progress of this patient, please notify my office immediately.

Additional Notes/Comments _____

Physician's Signature _____ Date _____