

## Physician's Referral

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): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have prescribed (specific massage therapy or bodywork treatment) for this patient's condition as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rx: \_\_\_\_\_ times per week for a period of \_\_\_\_\_ weeks.

Please note that the following considerations/medications 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 \_\_\_\_\_