

TO: BODY SAGE MASSAGE THERAPIES

Physician's Name/Practice: _____

Physician's Address: _____

Physician's Telephone: (____) _____

Physician's Email: _____

I have been treating this patient _____

since _____ for the following condition(s): _____

There is no reason to believe that massage or other 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.

Physician's Signature _____ **Date** _____