

General Medical Release for Massage

Your patient, _____, has requested Massage Therapy for an existing condition (Post surgical).

It is Touch 'N Go Mobile Massage's policy to work with this client only if her primary healthcare provider/specialist has reviewed this request with him/her. In addition, please provide specific limitations or precautions that are contraindicated.

Please verify your clearance of this request by your signature below. This verification may be modified or withdrawn at any time should your patient's health status change. Thank you for this opportunity to work with you in providing adjunctive care to your patient.

Specific limitations or precautions: _____

Please allow patient to receive Massage Therapy per my specific instructions above.

Please print your name: _____ Date: _____

Signature: _____ MD, specify: _____

Office phone: (_____) _____ Fax: (_____) _____

**Please return to Sherry Weldon via eFax 949-266-9603
eMail to info@imassageu.com
Mail 22431 Antonio Parkway, #B160-682
Rancho Santa Margarita, CA 92688
- Thank you!**

**Sherry Weldon, Owner, LMT, NCBTMB, CA Lic #6106
Touch 'N Go Mobile Massage
Mobile Office 949-766-9974**