

Physician's Release

Physician's Name: _____ Phone Number: _____

Physician's Location: _____

I have been treating this patient since _____ for the following conditions:
DATE

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.

Physician's Signature: _____ Date: _____