

# Physician's Permission

Physician's Name: \_\_\_\_\_

-

Physician's Address: \_\_\_\_\_

-

Physician's Telephone: (\_\_\_\_\_) \_\_\_\_\_

*date*

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.

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_