



Physician's Referral - Please Print

Patient's Name: _____

Physician's Name: _____

Physician's Address: _____

Physician's Telephone: _____

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.

Physician's Signature _____ Date: _____