

Medical Release for Massage Treatment

To: Self Balance Massage
8221 NE Hazel Dell Ave. Suite 103
Vancouver WA 98665
(360) 977-6090

Patient's Name: _____

is under my supervision for health care. Therapeutic massage would, in my opinion, be an acceptable form of adjunctive care. I have listed below any contraindications to massage treatment.

Doctor's signature: _____ Date: ____/____/____

Print your name: _____