

Self Balance Massage, INC ~ Medical Release for Massage Treatment

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To: Self Balance Massage, Inc
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 contraindicatins to massage treatment.

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

Print your name: _____

Thank you,
Richelle McMann (MA0021716) ~ *Owner*

Rachael Race (MA60668112)
Angie Martin (MA60398667)
Andrew Shaw (MA60594167)