

Healthcare Provider Release for Prenatal Massage Therapy

This is not a prescription.

Your patient, _____, has requested therapeutic massage during her pregnancy. These services are not meant to replace appropriate medical prenatal care but to act as an adjunctive form of care. When an individual's pregnancy is high risk, or if she has experienced any condition contraindicating massage, it is my policy to work with her only if her Maternity Healthcare Provider has reviewed this request. Please verify your clearance of this request for therapeutic massage by signing below. Please also list any precautions or limitations which you feel to be appropriate.

Thank you for your assistance,

Emily Fontes, LMP
Licensed Massage Practitioner
425-522-2294

Precautions or limitations: _____

Signature of Healthcare Provider: _____ Date: _____

Name of Healthcare Provider: _____