HEALTH CARE PROVIDER'S RELEASE FOR MASSAGE DURING PREGNANCY

To: _____ (Massage Therapist):

_____ (patient's name) is under my supervision for prenatal health care. Her pregnancy is progressing normally. Therapeutic massage would, in my opinion, be an acceptable form of adjunctive care during her pregnancy. I have listed below any limitations in massage procedures for this patient:

_____

_____

_____

(signature)_____

(date) _____

Contact Info: Phone & Address _____

_____

_____

PHYSICIAN'S RELEASE FOR THERAPEUTIC MASSAGE/BODYWORK DURING PREGNANCY

_____ (patient), has requested therapeutic massage and bodywork. These services are provided as adjunctive health care. When an individual's pregnancy is high risk, or she has experienced complications in her pregnancy, it is our policy to work with her only if her primary physician has reviewed this request. Please verify your clearance of this request by your signature below. Please also list any precautions or limitations, which you feel to be appropriate. Thank you for your assistance.

Limitations _____

(signature) _____

(date) _____

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