**PHYSICIAN’S RELEASE FOR THERAPEUTIC MASSAGE/BODYWORK DURING REMISSION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_(patient), has requested therapeutic massage and bodywork. These services are provided as adjunctive health care. When an individual has a history of Cancer and Cancer Treatment, 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.

Alyssa Biedrzycki, LMT

Limitations

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_