

\_\_\_\_\_  
(today's date)

I have been treating this patient since \_\_\_\_\_ for the following condition(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There is no reason to believe that massage or bodywork treatments will harm this patient's progress. However, please note that the following considerations/medication warrant special concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

**Physician's Printed Name, Address, Phone, Fax:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Kind Regards,

Carrie Burgan, NCTM  
Owner, Revolve Massage Therapy

**NOTE: Please return form to patient directly.**