



Home Office: 23235 Forest Street, Oak Park, MI 48237
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(today's date)

We were notified by _____ that she is approximately _____ pregnant. Revolve therapists are trained in prenatal massage (all trimesters), but as a precaution and professional courtesy, Revolve Massage Therapy requests a physician's release for massage therapy. _____ authorizes Revolve Massage Therapy to obtain and retain this information in her client file.

(client's signature)

(date)

I [**DO / DO NOT**] (circle one) authorize Revolve Massage Therapy to administer prenatal massage therapy to _____. This consent is good through _____.

ADDITIONAL NOTE: _____

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.