



Tea Massage

Physician's Release for Massage During Pregnancy

_____ (patient's name) has requested therapeutic massage. These services are provided as adjunctive health care. When an individual's pregnancy is high risk, or she has experienced complications or contraindicated conditions, it is our policy to work with her only if her primary physician had 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:

Signed: _____, (physician)

Date: _____