

Physician Order for Massage Therapy

Patient _____ DOB: _____

FOR MASSAGE THERAPY:

_____ P.R.N. for stress reduction or relief of _____

_____ P.R.N. for wellness and/or illness/injury prevention

_____ as specified:

Dx: _____

PHYSICIAN SIGNATURE

PHYSICIAN NAME PRINTED

PHYSICIAN PHONE NUMBER

At Peace Massage & Wellness

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