Release For Massage Therapy

Client: _____

Treatment / Modalities:_____

Treatment session Length: Approximately 60 Minutes_____

Physician please complete the following:

Date massage can resume? _____

Session time length restrictions:_____

Contraindications:

_____

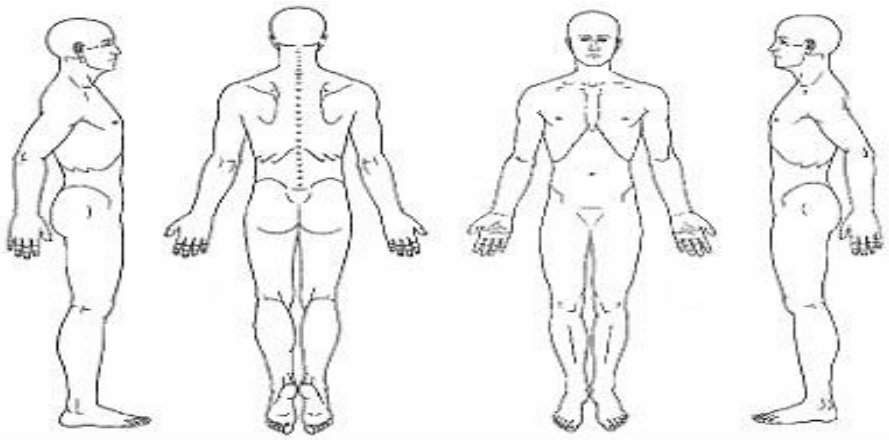
_____

_____

Position restrictions(please check):

_____**Supine** _____**Prone** _____**Side-lying**

Site Restrictions (please circle):



Name:_____ **Signature:**_____

Date:_____

PURE ROSE BODYWORK
Where Healing and Relaxation Meet

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