



Healthy Motions[®]
Massage Therapy

Health Care Provider's Release for Massage During Pregnancy

----- (patient's name) is under my supervision for prenatal health care. She has requested therapeutic massage and bodywork at Healthy Motions[®] Massage Therapy. These services are provided as adjunctive health care. When an individual has experienced complications in her pregnancy, it is our policy at Healthy Motions[®] Massage Therapy to work with her only if her primary health care provider has reviewed this request. Please verify your clearance of this request by your signature below. Please list any precautions or limitations in massage procedures for this patient, which you feel are appropriate. Thank you for your assistance.

Precautions/Limitations: -----

Signature of Health Care Provider

Date

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