



Essence
BODY WORK

ESSENCE BODY WORK
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ORDER FOR MASSAGE THERAPY / MYOFASCIAL RELEASE

Patient Name: _____

Date: _____

MASSAGE THERAPY / MYOFASCIAL RELEASE

- P.R.N. for stress reduction or relief of _____
- P.R.N. for wellness and/or illness/injury prevention
- As specified: _____

Diagnoses (if applicable): _____

Additional Comments / Directions: _____

PHYSICIAN SIGNATURE

PHYSICIAN NAME PRINTED

PHYSICIAN PHONE NUMBER

PHYSICIAN TAX ID#

*Kristin L. Ponzi, Licensed Massage Therapist
Ohio Massage Therapy License #33.011068*