



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 #