



2748 Paulding Ave, Lower Level, Bronx, NY 10469
Phone: (347) 974-1055 Fax: (347) 202-4248

Physician's Permission

Physician's Name:

Physician's Address:

Physician's Telephone: (____)____ - _____

I have been treating this patient since _____ for the following condition(s):

There is no reason to believe that massage or bodywork treatments will harm this patient's progress. However, please note that the following considerations/medication warrant special concern:

Should you notice anything unusual or suspicious in the treatment or progress of this patient, please notify my office immediately.

Physician's Signature _____ Date _____