

**PHYSICIAN'S REFERRAL**

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Telephone: (\_\_\_\_\_) \_\_\_\_\_

Client's Name: \_\_\_\_\_

I have been treating this patient since \_\_\_\_\_ for the following conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have prescribed (specific massage therapy or bodywork treatment) for this patient's condition as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rx: \_\_\_\_\_ times per week for a period of \_\_\_\_\_ weeks.

Please note that the following considerations/medications 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: \_\_\_\_\_