Pamela Murgo LMT
(401) 569-8080
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Physician/Health-Care Provider Permission

Patient Information

Patient Name: _____ Date of Birth: _____

Reason for Permission

Permission is granted as there is no reason to believe that massage or bodywork treatments will harm this patient's progress. However, please note the following considerations:

Description of condition:

Possible interactions with medications:

Any special instructions:

Permission Granted by

Name: _____

Specialty: _____

Phone: _____ Email: _____

Signature: _____ Date: _____