



Wellness With An Integrated Touch

Physician's Name: _____

Physician's Address: _____

Physician's Telephone: (_____) _____

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

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 _____

[HTTPS://AndreTouch1.MassageTherapy.com](https://AndreTouch1.MassageTherapy.com)



<https://www.messagebook.com/Atlanta~Massage~ElementsOfLifeWellness?src=external#reviews>



www.linkedin.com/in/andré-cross-lmt-cnmt-88b253b



Review Link: <https://goo.gl/maps/TwhYSgJ6bhJvc8Vb9>



<https://www.youtube.com/channel/UC1xbrwhpScYNIKH-ZUoHxzA>

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