



elements
therapeutic massage[®]

Elements Therapeutic Massage

CONSENT TO TREAT DURING PREGNANCY

By signing below I hereby authorize Elements Therapeutic Massage of Cedar Falls Iowa and their licensed massage therapy staff to administer massage therapy as deemed necessary to my patient, _____ (name of pregnant patient).

Special instructions (if any): _____

Dated on the _____ (day) of _____ (month), _____ (year)

Signature of Physician:

Printed Name of Physician:

This consent form may be faxed to 319-277-1579.