



102 S. Nevada St., Carson City, NV 89703

(775) 546-3698

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PHYSICIAN/HEALTHCARE PROVIDER'S PERMISSION

Patient Information

Patient Name: _____ Date of Birth: _____

Permission Granted to

Provider Name: Monica Sigala, LMT #8122

Reason for Permission _____

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: _____

Special instructions: _____

Physician/Health-Care Provider Name: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

**Please note: Should you notice anything unusual or significant during treatment, please notify this office immediately.

Otherwise, any update at the conclusion of care would be appreciated