

PRENATAL HEALTH CARE PROVIDER'S RELEASE FOR
THERAPEUTIC MASSAGE/BODYWORK DURING PREGNANCY

_____ (patient) has requested prenatal
therapeutic massage. These services are provided as adjunctive health care. When an
individual's pregnancy is high risk, or she has experienced complications or
contraindicated conditions, it is our policy to work with her only if her maternity
healthcare provider has reviewed this request. Please verify your clearance of this
request by your signature below. Please also list any precautions or limitations which
you feel to be appropriate. Thank you for your assistance.

Limitations: _____

(Signature) _____, prenatal health care provider

Phone: _____

(Date) _____