



Wake Medical Massage, LLC

Mailing Address 600 Gathering Park Cir, Ste 201, Cary, NC 27519  
919.228.9559 (No Fax Service)  
Wakemedical.Massagetherapy.Com

**Physician/Healthcare Provider's Medical Clearance and Referral for Therapy**

Practitioner's Clinic Name: \_\_\_\_\_ Date \_\_\_ / \_\_\_ / 202\_\_

Practice Address in USA: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician/Healthcare Provider's Medical Clearance and Referral for:

**Client/Patient** Full Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Date of surgery \_\_\_/\_\_\_/\_\_\_ Type/Nature of surgery : \_\_\_\_\_ Date of last exam/assessment \_\_\_/\_\_\_/\_\_\_

**Medical Clearance/Referral** granted to Wake Medical Massage, LLC and Shashi Lodhia CMLDT, LMBT 11844

**Therapy Requested:** Therapeutic Massage and/or Bodywork  Manual Lymph Drainage (Vodder Technique)

There is no reason to believe that Certified Manual Lymph Drainage (Vodder Technique), Therapeutic Massage and/or Bodywork treatments will harm this client/patient's healing process. However, please note the following considerations:

Diagnosed medical condition/s? If yes, please list them here legibly:

Description of medical condition and/or surgery:

Provide Indications/Reasons for Therapeutic Massage and/or Bodywork, Manual Lymph Drainage (Vodder Technique)

Possible interactions with medications:

Special instructions (May contact your office for clarifications):

**Physicians please note:** ALL FIELDS MUST BE FILLED LEGIBLY. **Mail this form to our above address. Forms sent directly to your client/patient via email, electronic, physical, or other means will not be accepted.** 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.

**Medical Clearance and Referral Granted By:**

Physician's full name: \_\_\_\_\_

Physician's Board Certification: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / 202\_\_