



Wake Medical Massage, LLC

203 N Harrison Ave. Ste 206 Cary, NC 27513
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__