

FROM: Lindsay MacInnis, CMT
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Phone: 408-506-4024
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TO: *Maternity Healthcare Provider*

Physician Release for Prenatal Massage

Your patient, _____, has requested Prenatal Therapeutic Massage. Therapeutic Massage during pregnancy is provided as adjunctive health care by a massage therapist who has been certified in Prenatal and Perinatal Massage Therapy (certification requires completion of a comprehensive hands-on training program as well as passing both a written and practical exam.)

It is The Mommy Spa's policy to work with this client only if her maternity healthcare provider has reviewed this request with her. In addition, if her pregnancy is high risk, or she has experienced any complications or contraindicated conditions, a written release is required from her healthcare provider stating any specific limitations or precautions that are appropriate.

Please verify your clearance of this request by your signature below. This verification may be modified or withdrawn at any time should your patient's health status change. I welcome this opportunity to work with you in providing adjunctive prenatal care to your patient.
Thank you for your time and assistance.

Patient's pregnancy is: Low Risk High Risk (circle one)

Specific limitations or precautions:

You may contact me directly for clarification or concerns regarding this patient.

YES NO (circle one)

Please print your name: _____ Date: _____

Signature: _____ MD DO DC Midwife

Office phone:(_____) _____ Fax: (_____) _____

Please return FAX to: 408-227-MAMA(6262) ATTN: Lindsay