



Touch of Bliss

Monica Radtke, LMT

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PHYSICIAN/HEALTHCARE PROVIDER'S PERMISSION

Patient Information

Patient Name: _____ Date of Birth: _____

Permission Granted to

Provider Name: Monica Radtke, LMT

Specialty/Type of Treatment: _____

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:

Permission Granted by

Physician/Health-Care Provider Name: _____

Phone: _____ Fax: _____

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.