

Physician/Chiropractic Order

Strongsville Massage Therapy
17590 Pearl Rd. Strongsville, Oh 44136
440-238-2000

Patient _____

Our Massage Therapists are licensed by the Ohio State Medical Board. The above patient is a client receiving massage for wellness, relief of conditions due to an injury and or recurring or chronic symptoms due to stress or a previous diagnosed condition. Your patient appreciates your time and efforts in support of their active involvement with their health.

Therapeutic Massage Order for:

___ Loosening tight muscles, reducing mental and physical stress

___ Wellness and / or injury prevention

___ Treatment for specified condition:

Physician/Chiropractor name printed

Date

Signature

Phone number