

Physician/Healthcare Provider's Referral for Massage Therapy

Thank you for trusting Louisville Prenatal Massage to care for your patient.

Filling out this form makes their massage therapy **exempt from sales tax** because they are seeking massage therapy for a medical reason. Please fill out the information in the gray box, the white box is optional if you would like to provide additional information.

Patient Information (required)

Patient Name: _____ Patient Date of Birth: _____

Reason for Referral (required)

Is referral for medically necessary treatment (ex. Pain relief during pregnancy, breech support, pre/post surgical manual lymphatic drainage, etc.)? ☐ Yes ☐ No

Manual Lymphatic Drainage is one available technique used for care at Louisville Prenatal Massage. Is there any reason you do not clear your patient to receive Manual Lymphatic Drainage? ☐ Yes ☐ No

Referral valid through: ☐ 12 months ☐ Other: (date required) _____

Provider Information (required)

Physician/Healthcare Provider Name: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____

Reason for Referral (optional):

Description of condition:

Possible precautions due to condition:

Possible interactions with medications:



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