

## 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 the referral for medically necessary treatment?  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:

\_\_\_\_\_

\_\_\_\_\_



**Louisville**  
Prenatal Massage



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