

Center for Therapeutic Massage, LLC

73 Walnut Street
Gahanna, Ohio 43230-3025

www.ctmohio.com

mail@ctmohio.com
(614) 476-8364 - fax
(614) 476-8331

ORDER FOR MASSAGE THERAPY

Patient Name: _____

Date: _____

MASSAGE THERAPY

- P.R.N. for stress reduction or relief of _____
- P.R.N. for wellness and/or illness/injury prevention.
- As specified: _____

Diagnoses (if applicable):

Additional Comments / Directions:

PHYSICIAN SIGNATURE

PHYSICIAN NAME PRINTED

PHYSICIAN PHONE NUMBER