



**HEALTH CARE PROVIDER'S RELEASE  
FOR THERAPEUTIC MASSAGE**

\_\_\_\_\_ ( patient's name) has requested therapeutic massage and bodywork. These services are provided as adjunctive health care. Please verify your clearance of this request by your signature below. Please also list any precautions or limitations which you feel to be appropriate.

Thank you for your assistance,  
Nissa Valdez  
Ritual Self Care

tel. 612.280.3000 / nissa@ritualselfcare.earth / www.ritualselfcare.earth  
*Board Certified Massage Therapist (NCBTMB) since 1996,  
with a 300 certification in oncology massage and additional certification in  
pregnancy massage. Preferred provider with the Society for Oncology Massage.*

\_\_\_\_\_  
*Primary Health Care Provider's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Telephone Number*

*Limitations:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_