

*Weldon Spring Massage Therapy, LLC*  
5055 Hwy N, Ste. 213, Cottleville, MO, 63304  
(636) 385-3965

**Physician's Name:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Physician's Telephone:** (\_\_\_\_\_) \_\_\_\_\_

I have been treating this patient since \_\_\_\_\_ for the following condition(s):  
(start date)

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

I have prescribed (specific massage therapy or bodywork treatment) for this patient's condition as follows:

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

Rx: \_\_\_\_\_ times per week for a period of \_\_\_\_\_ weeks.

Please note that the following considerations/medications warrant special concern:

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

Should you notice anything unusual or suspicious in the treatment or progress of this patient, please notify my office immediately.

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_