



the nurturedbody

1201 Battleground Ave, Suite #105

Greensboro, NC 27408

www.nurturedbody.com

336-207-9832

Oncology Patient Permission/Release Form for Professional Massage and/or Skin Care Services

The patient named below is interested in pursuing professional massage and/or skin care treatments from a specially trained, licensed and certified Oncology Massage and Skin Care Therapist. The light massage treatment can relieve symptoms of nausea, headaches, stress and muscle tension, and can boost self-esteem. The superficial skin care treatment can relieve symptoms of sensitized skin, such as redness, dryness, itching, and dehydration. All services are performed in a clean, safe and disinfected environment, using safe and non-invasive products, ingredients and protocols. A client intake form will be completed by the patient prior to receiving either service, along with a thorough and complete consultation.

Please complete, sign, and return this form to the mailing address below. Please feel free to contact us with any questions that your office has:

Patient's Name: _____
Business Name: The Nurtured Body, LLC
Business Mailing Address: 1221 Pamlico Drive, Greensboro, NC 27408
Business Phone: 336-207-9832
Business Website: www.nurturedbody.com
Business Email: dmanieri@nurturedbody.com
Licensed Massage & Skin Care Therapist :Donna D. Manieri, LMBT#7313, LE564

Does the patient currently have any allergies, physical restrictions and/or special needs? If so, please list here: _____

I believe that the above named patient is a reasonable candidate to receive professional massage and/or skin care treatments from the above mentioned business and licensed, certified and insured therapist:

Physician's Signature: _____
Physician's Printed Name and License #: _____
Clinic Practice Name: _____
Clinic Phone: _____
Clinic Mailing Address: _____
Clinic Website: _____
Clinic Email: _____

Thank You for your time and cooperation.