

Circle of Wellness
1820 Windsor Rd
Loves Park, IL 61111
779-423-1700
866-204-5965 Fax
info@circleofwellnessrockford.com
www.circleofwellnessrockford.com



**Physician's Release
Oncology Massage**

My patient _____ is permitted to receive massage and or facial skin care treatment by an oncology-trained massage therapist or aesthetician.

_____ With no limitations
_____ Limitations (Please specify)

Medications:

_____	_____
_____	_____
_____	_____

Goals: _____

Diagnosis Code(s): _____

Physician's Name (Please Print) Telephone _____

Physician's Signature Date _____

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