

Shine Therapy
Oncology Massage and Manual Lymphatic Drainage

Physician Release Form

Phone: (817) 372-8998

Fax: (817) 927-6379

Patient Name: _____

Diagnosis: _____

Massage Therapy

Lymphedema MLD/CDP

Specific Orders/Precautions/ Requests if any:

Signature: _____ Date: _____