



Tempo Therapeutic Massage, LLC
Tracy S. Kaufman, MSW, LMT, BCTMB, CPT
Licensed Massage Therapist

PHYSICIAN REFERRAL/ORDER FOR MASSAGE THERAPY

Patient Name: _____

Patient DOB: _____

I am referring this patient to Tempo Therapeutic Massage, LLC to receive therapeutic massage services for the following reason(s):

- Stress Reduction/Relaxation
- Health Maintenance/General Wellness
- Chronic Pain/Pain Reduction
- Strain/Sprain/Injury
- Other Reason:

Please focus on the following muscles/areas:

Diagnoses (if applicable):

Additional Orders/Instructions:

Physician Signature: _____

Date: _____

Printed Physician Name: _____

Phone: _____

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