Motherhood Center Prenatal Massage Approval Form

The Motherhood Center would like to receive your approval for your patient to receive a prenatal massage at:

- ☐ Under 12 weeks gestation (First Trimester Massage)
- ☐ Before 38 weeks gestation (Labor Preparation Massage)
- ☐ Before 39 weeks gestation (Induction Massage)

Current gestation age: _____ weeks

If you have any specific guidelines or precautions to be followed during your patient's massage, please list them below:

Patient's First & Last Name:

Physician's First & Last Name:

Practice:

Phone Number:

Physician's Signature: Date:

Email form to: guestservices@motherhoodcenter.com

Thank you,
Motherhood Center Team

3701 W. Alabama St. 230
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713.963.8880

motherhood center
from pregnancy to parenting
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