

Vahila Acupuncture & Massotherapy

4643 18th St. NW • Canton OH 44708 • 330-477-0777 Office & Fax

Request for Referral for Massage Therapy

Date _____

Dear Dr _____

_____, has requested to be treated with Massage Therapy for Musculoskeletal pain and wellness. In Ohio, patients need a referral from a physician before receiving massage for medical purposes. Patients may receive massage without a referral but must pay sales tax on the service. By signing below, he/she acknowledges the request for referral.

Signature _____ Date _____

Address _____

Home Phone _____ Work / Cell _____

Massage Therapists are not primary care providers and massage therapy is not a substitute for treatment by a primary care physician. It works as a compliment to conventional care or as an alternative when patients do not respond well to medications or other treatment. This safe, noninvasive option may provide the results patients need.

We would be glad to speak with you further or send additional information regarding massage therapy at your request.

To expedite treatment for this patient, please sign below and fax this back to the office at 330-477-0777 or feel free to use your own referral form. Your prompt response is appreciated.

By signing below, I, DR. _____ refer _____
for massage therapy. Date _____

Thank you,

Michael Vahila, R. AC, LMT
Marcia Vahila, LMT