

THE
MOTHERHOOD
CENTER

The Motherhood Center would like to receive your approval for your patient, _____, to receive a prenatal massage in her first trimester. If you have any specific guidelines that you would like to be followed during your patients massage, please list them below.

Physicians Signature: _____

Date: _____

Please fax this form back to The Motherhood Center at 713-963-9058
Gabriela Gerhart
Founder
713-963-8880