



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 patient's massage, please list them below.

Physician's Signature: _____

Date: _____

Please fax this form back to The Motherhood Center at 713.963.9058

Gabriela Gerhart | Founder | 713.963.8880