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I Understand That I Will Be Receiving Hot Stone Massage As An Adjunct Form Of Healthcare Only And That This Therapy Is Not Meant To Replace Appropriate Medical Care. I Release The Massage Therapist/practitioner Of Any And All Liability For Any Harm That May Unintentionally Occur During My Treatment(s). Jan 2th, 2024

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Massage Intake Form - My Massage World

What Type Of Massage Are You Seeking?
Relaxation
Therapeutic/Deep Tissue
Other ____
Light
Medium
Deep Sensitivities?
Yes No ____ Want Massaged?
Yes
No Please Explain ____ What Are Your Goals For This Treatment Session?
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General Massage Deep Tissue Reflexology Sports Massage ...

Reflexology. The Focus Is To Stimulate And Clear Congestions In The Meridians, Allowing The Energy To Flow Freely So That The Body Can Achieve A State Of Balance. This Self-healing Process Is Facilitated By Specific Acupressure And Massage Techniques Applied To The Major Reflex P May 10th, 2024

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Spa Will Offer A Specialty House Blend Of Essential ... A Slice Of Heaven By Adding One Of Our Signature Essential Oil Blends Created To Hydrate And Soothe The Skin. Once The Massage Or Facial Portion Of Your ... ~Blue Ridge Pedicure Inspired By The Blue Ridge Mountains, This Service Is High In Vitamins And Minerals. Our Specialized French Clay ... Mar 2th, 2024

Sample Receipt For Massage Therapy Treatment Or ...

Sample Receipt For Massage Therapy Treatment Or Complementary Therapy As Part Of Treatment Plan JANE DOE, MT NAME OF CLINIC, ADDRESS AND TELEPHONE NUMBER OFFICIAL RECEIPT Date: _____ Received From _____ Mar 10th, 2024

EQUIPMENT RECEIPT 2. RECEIPT NO. INSTRUCTIONS

LOSS OF THIS CARD WILL BE REPORTED TO THE (Signature Of Issuing Officer) REVERSE OF DA FORM 3749, MAY 2009. APD LC V1.00ES. I Hereby Acknowledge Receipt Of This Equipment From. 1. UNIT . APD LC V1.00ES. 2. RECEIPT NO. 3. STOCK NO. 4. SERIAL NO. Feb 12th, 2024

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