



# Sacred Grove Holistic Healing and Learning Center

1008 Winscott Road; Suite A      O: (469) 309-8243  
David Peter Armentano LMT, MTI, CE Provider

## Consent to receive Lymphatic Drainage of the Breast Tissue

I understand that Lymphatic Drainage of the Breast tissue is for specific treatment of edema/swelling (due to trauma, surgery reconstruction/augmentation) and fluid retention; is only done by specific request of a licensed physician or oncologist or as a preventative to improve lymphatic flow through the pectoral region. I understand that my consent can be revoked at any time without explanation and upon doing so the session will be immediately stopped and no questions will be asked.

Please Check One:

\_\_\_\_\_ I **Do** understand and consent to Lymphatic Drainage of the Breast Tissue as part of my Lymphatic Drainage Massage Session and understand that this will require the breast being worked on to be exposed.

\_\_\_\_\_ I **DO NOT** consent to Lymphatic Drainage of the Breast Tissue as part of my Lymphatic Drainage Massage Session.

The procedure has been explained to me for Lymphatic Drainage massage. I understand my therapist will ask me for verbal consent to this procedure during the session and that I have the right to terminate this consent at any time for any reason, and if I do so during a session the session will end, and I will be billed only for the service time rendered.

**Signature of Client:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Therapist:** \_\_\_\_\_