



Sacred Grove Holistic Healing and Learning Center

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David Peter Armentano L.M.T., M.M.P.
Owner/Massage Therapist
License # MT111247

Medical/Orthopedic Massage
Tuina/Acupressure Massage
Lymphatic Drainage/Oncology

Date: _____

Patient Name: _____

Referring Physician: _____ Office Phone: _____

Diagnosis: _____

Frequency: _____/WK Duration: _____ Units per visit

Follow-up Appointment Date: _____

Special Instructions/Precautions/Contraindications:

Evaluate and Treat _____

Continue Therapy _____

Services:

- _____ Medical/Orthopedic/Tuina Massage
- _____ Lymphatic Drainage/Oncology
- _____ Massage Cupping/Guasha
- _____ Prenatal Massage
- _____ Cold Stone Therapy for Migraines

I certify that this patient is under my care and the above services are medically necessary.

Physician's Signature: _____ Date: _____