



*Annie Waugh, LMT, IMC*

## Pre-Natal Bodywork Release Form

This release certifies that my patient \_\_\_\_\_  
is free to receive Pre-Natal massage or bodywork.

I understand that this very gentle bodywork is being applied safely in  
a protocol specific to the pre-natal needs and precautions of my patient, in  
order to provide relief from soft-tissue tensions and imbalances occurring  
during her pregnancy.

\_\_\_\_\_  
Physician/Midwife Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Physician/Midwife Name (printed)

\_\_\_\_\_  
date