

Melissa H. Strautman, LMT  
Licensed Massage Therapist  
NY. Lic. #013256  
KY Lic. #0620  
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massageFIX  
941 Lehman Ave., Suite 102  
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Client Name: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address: \_\_\_\_\_

DATE: \_\_\_\_\_  
Credit: \_\_\_\_\_  
Balance Owed: \_\_\_\_\_

**Service Fees**

|                                |                      |                   |
|--------------------------------|----------------------|-------------------|
| Circulatory/Relaxation Massage | Clinical Deep Tissue | Lymphatic Massage |
| 30 min \$40                    | 30 min \$50          | 60 min \$80       |
| 45 min \$55                    | 45 min \$70          | series of 3 \$200 |
| 70 min \$80                    | 60 min \$90          | Hot Stone Massage |
| 90 min \$115                   | 4-Handed Massage     | 70 min \$95       |
| Scalp/Neck or Foot Massage     | 60 min \$150         | 90 min \$130      |
| 30 min \$40                    | Prenatal Massage     |                   |
| 45 min \$60                    | 60 min \$85          |                   |

**Physician/Physical Therapist Referral**

Provider Name: \_\_\_\_\_ Lic # \_\_\_\_\_

Address: \_\_\_\_\_ Ph # \_\_\_\_\_

Diagnosis: **Pregnancy Week #** \_\_\_\_\_

Plan of Care: Physician Comments, listing contraindications to be observed and specific procedures/modalities requested:

\_\_\_\_\_ **Pre Natal Massage** \_\_\_\_\_ Other \_\_\_\_\_

Tx Duration\*: From (date) \_\_\_\_\_ to \_\_\_\_\_ or Unlimited?

MD signature: \_\_\_\_\_ Date \_\_\_\_\_

LMT signature: \_\_\_\_\_ Date received: \_\_\_\_\_

*\*Patient must return to physician and call LMT prior to renewal of any prescription* rev. 11/2012 MHS