



(781) 385-9601

www.lookfeelfab.org

**“MANUAL LYMPHATIC DRAINAGE” RELEASE – Filled out by medical personnel**

Your client \_\_\_\_\_, has requested participation in  
*(CLIENT'S NAME)*

\_\_\_\_\_ program from Looking & Feeling FAB, Inc. (LFF). We provide comfort and relief for  
*(NAME OF PROGRAM)*

the Manual Lymphatic Drainage Program from Looking & Feeling FAB, Inc. We provide comfort and relief to those with cancer, through integrative therapies, alleviating side effects and improving quality of life. Participation in our MLD program entitles the applicant to 5 FREE treatments of MLD massage by a Licensed Massage Therapist, Oncology Trained with certification in Manual Lymphatic Drainage. Part of this specialized certification in MLD instructs our therapists how to safely relieve discomfort and swelling from Lymphedema. If you would like any additional information, would like to meet with us or are interested in our complimentary “Skin is in” training for Drs and medical staff, please contact us at holly@lookfeelfab.org or 781-385-9601. Treatments are offered in Whitman, Woburn and Somerset.

I, \_\_\_\_\_, represent that \_\_\_\_\_  
*(MEDICAL PROVIDER)* *(PATIENT'S NAME)*

has the following condition, \_\_\_\_\_.  
*(TYPE OF CANCER)*

I authorize and release, \_\_\_\_\_, to receive Manual Lymphatic Drainage as part of services offered by Looking & Feeling FAB, Inc.

Please list any allergies: \_\_\_\_\_

List any precautions needed to be taken: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Print Medical Professional Name: \_\_\_\_\_

Medical Professional License Number: \_\_\_\_\_

Medical Professional Signature: \_\_\_\_\_

Medical Professional Phone: \_\_\_\_\_

Medical Professional Email: \_\_\_\_\_

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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