Patient Name: _____

Address:_____

DOB: _____

To: The Wellness Center MN

I am writing on behalf of my patient _____
to document the medical necessity for Massage Therapy.

This letter offers insights into my patient's medical history and diagnosis and outlines my treatment rationale.

Diagnosis, symptoms and reason for treatment:

_____

_____

Treatment Instructions:

_____

In summary, massage therapy is medically necessary to effectively address my patient's health condition and improve their overall well-being. **Please consider massage therapy to be tax exempt.**

Sincerely,

_____ Date: _____
Physician Signature

_____
Printed Name & Credentials

_____
NPI

_____

Contact Information