

Treating Therapist: _____

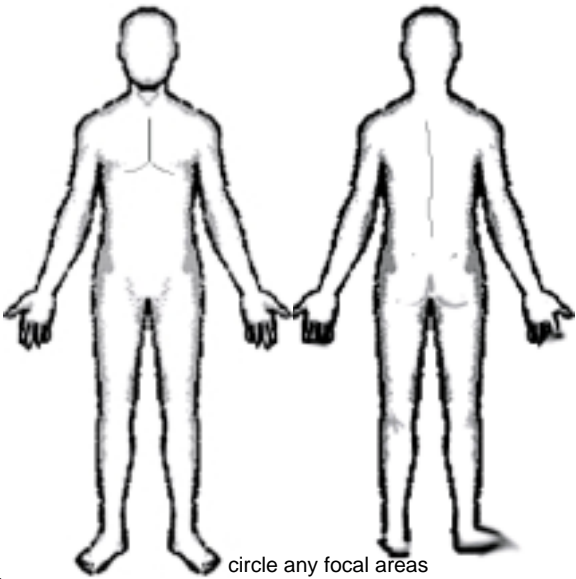
Date: _____

Duration of Massage: _____ Cost: _____

Techniques Used: _____

Comments: _____

Self Care Recommendations: _____



Treating Therapist: _____

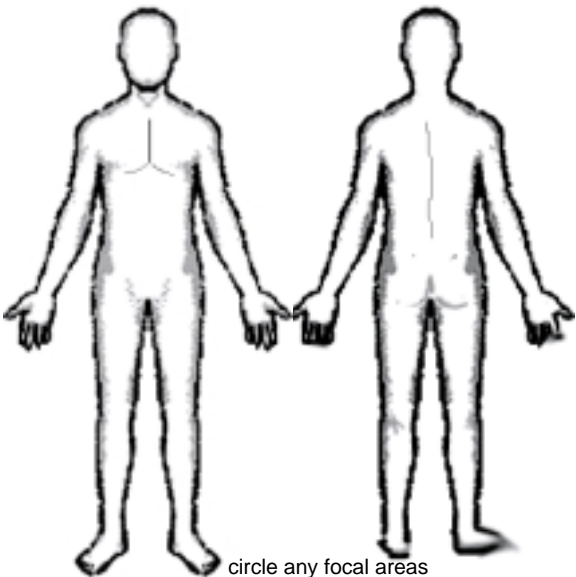
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