

ONCOLOGY RELEASE FORM

Required by Lotus Spa Eau Claire

Please bring this completed form to your first appointment.

Practitioner/Clinic

Name: _____

Patient Information

Patient Name: _____

Date of Birth: _____

Considerations from Practitioner to Lotus Spa:

(Description of condition, possible interactions with medications, special instructions)

Permission Granted by

Physician/Health-Care Provider

Name: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____

Date: _____