



Medical Release Form

Your client _____
has requested participation in the program from **A New Daly Beginning, Inc.**

A New Daly Beginning, Inc. provides comfort and relief for those with cancer, through integrative therapies, alleviating side effects and improving quality of life.

We employ Licensed Aestheticians and Massage Therapists who are Oncology trained. We use safe chemical free products to combat skin side effects such as radiation dermatitis, rashes, itchiness, redness, severe dryness, etc., that develop from chemotherapy, radiation, surgery or non-cancerous medications.

Skin care or massage professional treatments along with education are offered at each visit. The client will receive products for a home care routine to continue the benefits of the professional treatment. Services are customized to patient conditions and concerns at the time of the visit.

We are in no way to replace medical advice and we are totally transparent.

If you require more information, copies of training certifications, copies of licenses or product ingredient sheets we will be happy to provide them.

MEDICAL PROVIDER RELEASE

I, _____, represent that _____
(Medical Provider) (Patient's Name)

has the following condition: _____
(Type of Cancer)

I authorize and release _____
(Patient's Name)

to receive skin care and/or massage treatments, and education as part of the wellness program from **A New Daly Beginning Inc.**

Please list any allergies: _____

Please list any precautions that need to be taken: _____

Additional Comments: _____

Medical Professional Name (Print): _____

Medical Professional Signature: _____ Date _____

Medical Professional License Number: _____

Medical Professional Telephone Number: _____

Medical Professional E-mail Contact: _____