

Medical Release Form

Your client _____, has requested participation in the program from Looking and Feeling FAB, Inc. Looking and Feeling FAB, 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. The "Wellness Program" is offered at The Whitman Wellness Center, 7 Marble St., Whitman, MA, Jordyn Warren Esthetics, 148 Washington St, Norwell, MA, The Boston Esthetic Center, 400 Cummings Park, Suite 1200, Woburn, MA and The Healing and Wellness Center, Chauncy Place, 45 Lyman St., Suite 22, Westborough, MA.

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

has the following condition: _____
(Type of Cancer)

I authorize and release, _____, to receive skin care and/
(Patient's Name)

or massage treatments, and education as part of the wellness program from Looking and Feeling FAB, Inc.

Please list any allergies:

Please list any precautions that need to be taken:

Additional Comments:

Print Medical Professional Name: _____

Medical Professional License Number: _____

Medical Professional Signature: _____

Medical Professional Telephone Number: _____



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