

**\*\*Consent Letter for Lymphatic Drainage Massage\*\***

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Massage Therapist's Name]

[Business Name]

[Business Address]

[City, State, Zip Code]

Dear [Massage Therapist's Name],

I, [Your Name], hereby give my consent to receive a lymphatic drainage massage provided by [Massage Therapist's Name] at [Business Name].

I understand that lymphatic drainage massage is a gentle, non-invasive therapy aimed at promoting the flow of lymphatic fluid in the body. I have discussed my medical history and any relevant conditions with the therapist, and I confirm that I do not have any contraindications for this treatment.

I acknowledge that I have been informed about the nature of the massage, its potential benefits, and any associated risks. I have had the opportunity to ask questions and have received satisfactory answers. I am aware that I can withdraw my consent at any time before or during the treatment.

By signing below, I am indicating my consent to proceed with the lymphatic drainage massage.

**\*\*Signature:\*\*** \_\_\_\_\_

**\*\*Date:\*\*** \_\_\_\_\_

Thank you.

Sincerely,

[Your Name]