

| | | |
|-------|---|---|
| photo | <p>AMERICAN MEDICAL MASSAGE NETWORK</p> <p>https://www.americanmedicalmassage.org info@medicalmassagenetwork.org</p> |  |
|-------|---|---|

Profile Form for Medical Massage Therapist for the AMMN website

Date: _____

| | | | |
|---|--|-------------------------|--|
| Name of Massage Clinic/Org.: _____ | | Tel: _____ | |
| Name of Massage Therapist: _____ | | Cell: _____ | |
| Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Franchise <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> _____ | | | |
| Address: _____ | | Employers' ID# _____ | |
| Website: _____ | | Email: _____ | |
| Other Contact: _____ | | Title: _____ Cell _____ | |
| Emergency Contact: _____ | | Cell Tel: _____ | |

| # | Type of Medical Massage | ½ hour | 1 hour | | Availability Days & Times |
|---|-------------------------|--------|--------|--|---------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Non-Medical Massage (e.g. Swedish, etc.)

| | | | | | |
|---|--|--|--|--|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

Other Services Offered (e.g. Reflexology, Hot Stones, Thai-Massage, Cupping, etc.)

| | | | | | |
|---|--|--|--|--|--|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

- Please call to make an appointment Please send an email to make an appointment
- A referral is required from your healthcare provider for Medical Massage

Practice Setting: Own Home Own Clinic Client's Home Client's Office Spa Other_____

Extra charge may apply for transportation to a client's home or office

Billing Instructions:

- | | |
|--|---|
| <input type="checkbox"/> Cash directly from the patient. | <input type="checkbox"/> Accept credit cards from the patient |
| <input type="checkbox"/> Send invoice to hospital/clinic/Insurance Co. | <input type="checkbox"/> AMMN to collect thru PayPal & pay us |

Click to Submit