



Michelle Sanderson, CMT, CMLDT
Certified Manual Lymphatic Drainage Therapist
Oncology Massage Therapist

Dear Treating Physician,

_____ is seeking permission to receive Vodder
(Patient Name)

Technique Manual Lymphatic Drainage or Oncology Massage.

MANUAL LYMPHATIC DRAINAGE is a **Gentle, predominantly circular stretching of the skin, effecting epifascial lymph vessels.**

ONCOLOGY MASSAGE is a **Modified Swedish Massage adapted to the primary clinical considerations of an oncology patient in active treatment, or with a history of cancer treatment. MAXIMUM PRESSURE used during Oncology Massage induces slight movement of superficial adipose and muscle tissue.**

I would be happy to speak with you or a staff member regarding the safety and efficacy of these techniques if needed.

_____ Has permission to receive Manual Lymphatic
(Patient Name) Drainage or Oncology Massage.

(Physician Signature)

(Date)

Sincerely,

Michelle Sanderson, CMT, CMLDT

CERTIFIED MANUAL LYMPHATIC DRAINAGE THERAPIST

ONCOLOGY MASSAGE THERAPIST

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