



InsideOut Body Therapies, LLC reserves the right to approve or not approve Medical Hold Requests. Requests must be made prior to or at the time of injury or illness and will not be accepted after the fact. All Medical Hold Requests must be approved by management.

First Name Last Name

Phone Email

Please state the medical reason for your request.

Requested Date of Medical Hold:

Dates: _____, 20____ until _____, 20____

Client Signature Date

APPROVED

NOT APPROVED

Management Signature Date

NOTES:

