

THERAPY REQUEST

Post-Surgical Breast Cancer

Scar Tissue Release Program

Recipient: _____

Services provided by: **Melodie Aldinolfi LMT**
720 State Street
Lemoyne, PA 17403
717-737-6064

By completing this form you agree to the terms of the program. Ta Ta Rebels will pay the reduced rate for no more than 3(three) sessions. Any additional services will be the responsibility of the signed applicant. This form must be approved before scheduling your appointment.

(Your signature) _____

Date: _____

Mail Form to:
Ta Ta Rebels Inc.
2440 River Rd Bainbridge, PA 17502

Ta Ta Rebels Inc.

Email: tatarebels247@gmail.com

Approved:

Date: _____