

circle any focal areas

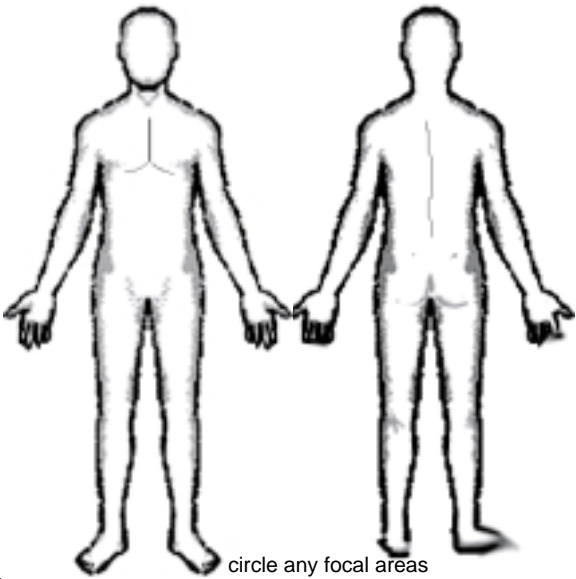
Date: _____

Duration of Massage: _____ Cost: _____

Techniques Used: _____

Comments: _____

Self Care Recommendations: _____



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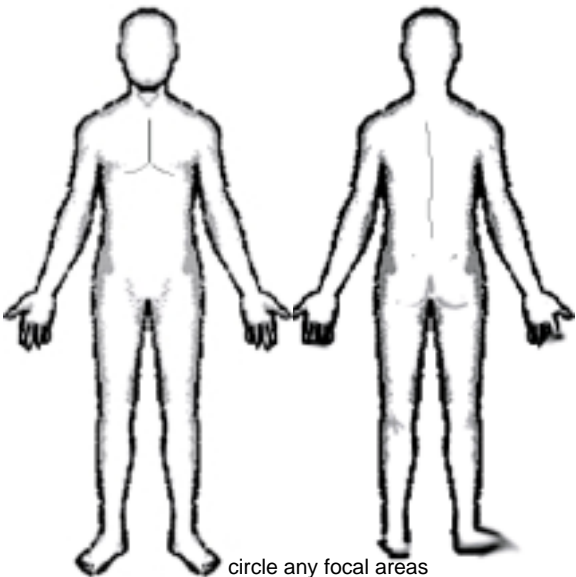
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