

**THERAPY REQUEST**

**Post-Surgical Breast Cancer**

**Scar Tissue Release Program**

Recipient: \_\_\_\_\_

Services provided by: **Melodie Adinolfi 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.

Are you currently in active treatment : YES NO

(If yes, then please contact the PA Breast Cancer Coalition for active treatment resources.)

Date of Surgery \_\_\_\_\_

(Your signature) \_\_\_\_\_

Date: \_\_\_\_\_

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

Ta Ta Rebels Inc.

Approved:

Email: tatarebels247@gmail.com

Date: \_\_\_\_\_