

THERAPY REQUEST

**Post-Surgical Breast Cancer
Scar Tissue Release Program**

Recipient: _____

Contact Email/Phone: _____

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: info@tatarebels.org

Date: _____