



## ***PILATES FITNESS & THERAPEUTICS***

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### Physician's Release

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

As the physician of \_\_\_\_\_, who would like to participate in an exercise program at Pilates, Fitness, and Therapeutics, I recommend the following:

\_\_\_\_\_ This patient is in sufficiently good health to return to an exercise program.

\_\_\_\_\_ This patient should not return to exercise at this time.

\_\_\_\_\_ This patient may return to an exercise program with the following restrictions:

\_\_\_\_\_  
Physician's Release

\_\_\_\_\_  
Physician's name (Please print)

\_\_\_\_\_  
Date