Lighthouse Massage

Customer Reference/Story

Lori Burton, LMT, BCTMB
425 2nd Ave SW, Suite 101D Albany, OR 97322
Phone: 541-730-2507

Name: _____ Date: _____

☐ I agree the information contained on this form can be made public, along with my first name, last intial, and city.

➔ Situation *ex: [What I do for work, life situation,…]*

_____

_____

_____

_____

➔ Reason ex: *[Why I sought therapeutic massage, what happened…]*

_____

_____

_____

_____

➔ Therapist Capability *ex: [When, who, what…]*

_____

_____

_____

_____

➔ We Provided *ex: [What type of massage/bodywork done/instruction provided]*

_____

_____

_____

_____

_____

➔ Result *ex: [What has happened due to my therapy]*

_____

_____

_____

_____

_____