Attorney Referral Overview

Car accident massage program | 470-656-0854 | Attorney line 8am-8pm

Refer clients for targeted massage that complements their existing care. Clients book and pay directly. Majestic does not submit insurance claims, assert liens, diagnose injuries or determine prognosis. We coordinate the massage plan to avoid duplicating physical therapy or chiropractic care.

Package options

Crash Recovery Pack - 3 sessions: $525. Extended Care Pack - 6 sessions: $990. Single session: $185. All sessions are mobile: we come to the client's home or hotel in metro Atlanta. Travel beyond metro Atlanta requires a confirmed quote; hotel guests cover parking/valet.

Documentation available with authorization

Initial visit summary prepared within 24 hours, with pain, relevant NDI and ROM baseline records; a visit-three checkpoint when applicable; and a final summary comparing the same measures. Itemized receipts identify actual services. NDI is used for relevant neck complaints using the official instrument; a report states when it was not administered.

For three visits, the checkpoint may also serve as discharge. Single visits receive an initial summary and closure documentation. Six-visit care receives a visit-three review and a final report. Clinical need may shorten or change a course.

Referral and records delivery

Call 470-656-0854 or use the referral request in this set. Confirm the client's permission before sending health information. Majestic obtains a specific records-release authorization before attorney disclosure. Encrypted PDFs are delivered to a verified recipient; passwords are communicated separately. Redacted copies are available on request.

Lead therapist / Georgia license number

Jimmy L., LMT - Georgia License MT007026. Treating therapist is confirmed at booking.

Verified secure referral and records channel / contact

Call 470-656-0854 to set up a verified delivery channel.

Georgia Licensed Massage Therapists. No referral fees or settlement guarantees. Attorney records are factual clinical documentation, not assurances of admissibility or case value.

Attorney Referral Request

Referring office | Send through the verified secure channel

Client name / phone / preferred contact / best time to call

Referring attorney / firm / phone / secure email or delivery channel

Incident date / brief reason for referral; avoid unnecessary sensitive detail

Known treating providers / relevant restrictions or request for coordination

Requested service: single / 3 visits / 6 visits (all sessions are mobile)

Requested appointment window / client location / accessibility needs

- [ ] Client authorized this referral and contact by Majestic
- [ ] Client understands they pay Majestic upfront; no lien or insurance billing

A referral is not an authorization for ongoing record disclosure. The client signs a separate authorization specifying the recipient and scope. Do not attach full medical records without a lawful basis.

Referrer name / role / signature / date

Majestic intake response

Received by / date / client contacted / appointment or follow-up outcome

Clinical Referral and Restrictions

For the treating medical professional | Return through a verified secure channel

Client full name / client ID / date

Referring clinician / credentials / practice / phone

Relevant diagnosis or assessment / date / attach relevant records if authorized

Precautions: pressure, range, positioning, healing tissue, devices or medication issues

- [ ] Massage may be considered within the precautions described
- [ ] Defer massage pending further evaluation
- [ ] Please contact me before proceeding

Body regions to include or avoid / permitted activity / other recommendations

Recommended review date / symptoms requiring re-evaluation

Clinician signature / date / direct contact

This request does not ask you to guarantee safety or outcomes. The therapist remains responsible for screening each visit, working within training and scope, and stopping or referring when indicated. This is a practice coordination form, not a statement that every massage client legally needs a physician referral.

Sample Report Layout

Illustrative only | Blank structure, not a real client record

Client identifier: [client name or approved redacted ID]
Report: [initial / visit-three checkpoint / discharge]
Visit date(s): [dates] Therapist: [legal name and Georgia license]

History and baseline

Client reports [incident and symptoms]. Medical restrictions supplied by [source/date]. Daily activity affected: [specific limitation]. Baseline pain: [named scale, score and date]. NDI: [official result, date and version, or reason not used]. ROM: [movement, side, units and measured/estimated method].

Care delivered and response

Services delivered: [regions, techniques and actual minutes]. Response: [observed tolerance and client-reported change]. Relevant precautions and coordination: [facts].

Comparable changes and next step

At reassessment, [same measure and units] changed from [baseline] to [current]. Function changed from [specific baseline ability] to [current ability]. Limitations of comparison: [different method, missing value or other limitation]. Plan: [continue, modify, refer or close].

Record integrity

Author signature/date: [therapist]. Reviewer/date: [reviewer]. Attach only authorized records: dated SOAP, measurement sheets and receipts. This documentation reflects massage observations and client-reported symptoms only; it does not constitute medical diagnosis or prognosis.

This sample contains no fictional results or testimonial. Use actual findings and report unchanged or worsened findings as accurately as improvement.