

WILLOW HYPNOSIS

Date:
Drs Name:
Address:

Dear Medical Professional:

Your patient _____ wishes to undergo hypnotic conditioning and suggestion for issues related to: _____

Since we require a medical referral in such cases, we would appreciate your signature below indicating your approval. Please be assured that we will keep you informed of your patient's progress.

Thank you for your kind attention.

Michele Heaton
Willow Hypnosis @ Physio-Care
11 Center Street, Suite 7
Salem, CT 06420
WillowHypnosis.com
MicheleH@WillowHypnosis.com
Phone: (860) 917-6176

For the Medical Professional

I have examined _____ and see no contraindication to the use of hypnosis and hypnotic suggestion in this case.

I have these additional comments and instructions for you:

Dr. _____
Signature

Physician name, address: (Please print or type)

Phone # () _____ - _____