

Medical Referral

FROM THE HYPNOTIST TO THE DOCTOR:

Your patient: _____ Age: _____ Phone: _____

Wishes to undergo hypnotic suggestion for the following purpose:

Since I require a physician's referral in such cases, I would appreciate your signature below, indicating your approval. Should you have any questions please feel free to call me at (718) 921-2954.

Thank you in advance for your attention to this matter.

Alexandre Ivlev, Certified Consulting Hypnotist

8501 Fort Hamilton Pkwy, 2H

Brooklyn, NY 11209

FOR THE DOCTOR TO RETURN TO THE HYPNOTIST:

I have examined and evaluated the patient named above and see no contraindication to the use of hypnotic suggestion in this case.

Additional Comments:

Physician's Signature: _____ Date: _____

Print Doctor's Name: _____

Office Street Address: _____

Office City: _____ State: _____ Zip: _____

Office Phone: _____ Office Fax: _____