

Medical Referral For Hypnosis

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.

Alexander Ivlev,

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: _____