

(Your Letterhead Here)

Date:

Name:

Address:

Dear Dr. _____

Your patient _____ wishes to undergo hypnotic conditioning and suggestion for the following purpose: _____.

Since we require a physician's referral in such cases, we would appreciate your signature below indicating your approval. Please be assured that I shall keep you informed as to your patient's progress.

Thank you for your kind attention.

Sincerely,

(Your name and title)

For the Physician

I have examined _____ and see no contradiction 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: _____

Phone: _____ Email: _____