

The Exquisite Art of Healing Hypnotherapy

Date

Physician Name

Address

City

State

Zip

Phone

To:

Sheri Arechiga (949) 419-0888

Hypnotherapist Name

This will acknowledge receipt of your letter of request dated _____,
regarding,

Patient Name

In my professional opinion I see no contraindications, with regard to hypnotic sessions, for the above-mentioned patient.

I understand the hypnotic sessions will consist of habit reconditioning and/or self-improvement.

Should you need any further consultation or evaluation, please contact me at the above-mentioned phone number.

Sincerely,

Physician Signature