

# Sanders Hypnosis

Date:

Dear Dr.

Your patient, \_\_\_\_\_, wishes to undergo hypnotic conditioning for \_\_\_\_\_.

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,

Brian Sanders  
Director, Sanders Hypnosis Center  
443-494-9766

For the Physician

I 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 and phone number: Please print: Phone# (     ) \_\_\_\_\_