



MIND MATTERS®
HYPNOSIS CENTER, LLC

Date:
Drs Name:
Address:

Dear Dr:

Your patient _____ wishes to undergo hypnotic conditioning and suggestion for issues related to: _____

Since we require a medical 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,

Lisa Zaccheo
Board Certified Clinical Hypnotist
Mind Matters Hypnosis Center
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Suite 5
Canton, CT 06019
Phone (860) 693-6448
Fax (860) 693 2221

For the Physician

I have examined _____ and 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: (Please print or type)

Phone # () _____ - _____