

[DOCTOR'S NAME]
[ADDRESS]
[CITY, STATE]

[DATE]

Dear Dr. _____:

Your patient _____, wishes to undergo hypnotic conditioning for the following purposes:

[*Issue*]

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

Thank you for your kind attention.

Sincerely,

[INSERT YOUR NAME, CH]

P.S. – Your patient's "Permission to Release Medical Information" is attached.

For The Doctor

I have examined my patient, and see no contraindication to the use of hypnotic suggestion in this case. Diagnostic code (for your convenience, the following is a list of our most commonly used diagnostic codes for which we receive referrals):

____ 278.00 Obesity	____ 307.80 Somatoform Pain Disorder
____ 300.29 Simple Phobia	____ 302.75 Premature Ejaculation
____ 302.72 Male Erectile Disorder	____ 305.10 Nicotine Dependence
____ 305.00 Alcohol Abuse	____ 300.02 Generalized Anxiety Disorder
____ 307.60 Functional Enuresis	____ Other _____

Additional comments and/or instructions:

Physician's Signature _____ Date _____