9601 Baltimore Ave, Suite 202

College Park, MD 20740

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.

The mailing address is:

4715 Mangum Road

College Park, Md 20740

Thank you for your kind attention.

Sincerely,

Erick J Lundin

Director, College Park Hypnosis Center, LLC

Phone: 202-215-5208

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# ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_