



Dear Dr. _____:

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

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,

Roberta A. Moore, LMFT

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 _____

(Referral Form Physician with Codes)