



CascadeHypnosisCenter.com

v (360) 392-8723

f (360) 841-7403

info@cascadehypnosiscenter.com

103 E Holly St. Suite 403 ; Bellingham, WA 98225

Dear _____ :

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 you completing the form below including your signature indicating your approval.

Thank you for your kind attention.

Sincerely,

Erika C Flint, BCH, CPHI

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 _____