



Nicola Duffield – Prana Tree Therapies



SAMPLE

Dear Dr (Insert your Doctors Name here)

Regarding your patient, (Insert Your Name here)

The above named patient has advised me that he/she is being treated by you for:

(Insert your medical condition/s here)

In view of this please confirm whether or not in your opinion, I would be able to give this Client Complementary Therapies of any kind.

Thank you for your help in this matter

Yours Sincerely

N M Duffield

Doctor's Advice

(Please ask your Doctor to write any advice here then sign and date below)

Doctors Signature.....

Date.....

Please ensure that you bring this completed form with you to your first appointment