WILLARD HYPNOSIS CENTER 3304 MAIN STREET CONESTOGA, PA 17516

717-872-7561 www.willardhypnosis.com

The Willard Hypnosis Center requires a medical referral for any diagnosed medical condition.

Medical Referral for Non-Conflicting Use of Hypnosis

Patient name:			
Address:			
City:	State:	Zip:	
The use of hypno	sis and self-hypnosis fo	r	
would not conflict with t	he patient's current med	dical care and/or tre	atment with our facility.
Physician/Therapist nam	e (print):		_
Physician/Therapist sign	ature:		Date:
Facility:		_	
Address:			
City:	State:	Zip:	