

I'm referring my patient _____ for:

☐ Anxiety/Stress/Panic Attacks

☐ Bruxism / TMJD

☐ Cancer Care

☐ Fear/Phobia elimination:

Specify: _____

☐ Allergies/Skin Conditions:

Specify: _____

☐ Gag reflex relief

☐ Pain Relief:

Specify: _____

☐ Chronic ☐ Acute ☐ Other

☐ Smoking Cessation

☐ Surgery Preparation

Specify: _____

☐ Unexplained Behavior(s)

Specify: _____

Additional instructions: _____

I understand Juan Acosta is trained in hypnosis, Neuro-Linguistic Programming and other mind/body modalities. I acknowledge he is not a medical doctor and his services are complementary care, not a replacement for medical treatment.

Doctor Signature: _____ Date: _____

Doctor Printed Name: _____

Doctor Address: _____

Doctor Phone: _____



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