

# Hypno-Band

Weight Loss System™

## Medical Referral Form

Dear

I can confirm that I have carried out a full medical examination of the under-named patient and can find no medical reason why they should not be considered for the Hypno-Band Weight Loss therapy. I am happy to refer this patient to you on the understanding that no liability attaches itself to me or my practice.

Signed

**Dr.**

**Patient name:**