



Dear Dr. _____

My name is Willie Piggee of Will & Powers.

Your Patient _____ wishes to utilize my services for _____

My work involves helping my clients tap into their unconscious abilities. Motivate, focus on the positive, transform unhealthy habits and living patterns, and remove limiting thoughts and belief systems that keep them from enjoying full and satisfying lives. We will review breathing and relaxation techniques to manage stress, improve mood and emotional release work when appropriate, and use habit control techniques to reinforce more positive recurring thoughts.

I neither diagnose, prescribe, or treat any physical or mental ailments.

Please feel free to email if you have any questions or any reason to believe hypnosis may be contraindicated.

If you have no objections, please sign and date a referral letter and return it to me.

Please note any limitations or anything you would like me to be aware of based on your patient medical concerns.

Sincerely

Willie C Piggee Jr
Certified Consulting Hypnotist
Will & Powers
www.willandpowers.com

Doctor's Signature _____

Client Signature _____

Hypnotist Signature _____

Date Signed _____