

**LATA SONPAL PHD FCHT., P.A.**  
**7756 North Kendall Drive, # 496**  
**Miami, FL 33156-8550**

I, Mr. /Mrs. /Ms. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

I am giving permission to Dr. Lata Sonpal, to evaluate, and treat my daughter/son,

\_\_\_\_\_  
(Name)

Age \_\_\_\_\_ years.

She has my permission to use hypnosis and regression.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_