

**LATA SONPAL PHD FCHT., P.A.
7742 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: _____