

Doctor Name

Dear Dr			
Your patient, colon hydro-therapy / lower bowel cleansir therapist using Food and Drug Administrati as the ColoLAVAGE sm prior to their:	ng method using p	ourified water condu	•
(circle one) Colonoscopy Barium	n Enema Othe	r	
scheduled for/a month day year	t: hour	a.m./p.m min.	location
With your approval, your patient will follow prior to their procedure; however, they wis quality of the preparation. FDA Title 21CFR876.5220 Color (b) Classification. (1) Class II (perceleansing when medically indicated	sh to include this nic irrigation sy formance standa	F.D.A. approved met estem. erds) when the device	hod to better assist in the
Your patient understands that they are to coor the day of the procedure to ensure the b	•	oLAVAGE sm the eveni	ng before a morning procedure
Patient Name	Patient Signatur	re	Date

Please Fax prescriptions to Annette Barber at 585-312-3735

Date

Doctor Signature

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