Medical Release Form

Dear Doctor,

using warm, purified water infused into the rectum via	ydrotherapy services. This is a simple, gentle procedure disposable tubing to gently cleanse the colon. Our lisposable tubing and disinfectant. I have been certified
In order to provide this service, it is necessary to rule of	out any contraindications. Please screen your patient, or colon hydrotherapy based on the list of
contraindications below. If contraindications exist with appropriate item below. To proceed with providing the release on file.	h your patient, please indicate by circling the
The following is a list of contraindications for colon hy	ydrotherapy:
 Anemia: Severe Aneurysm Carcinoma (colorectal) Cardiac Disease: Severe (e.g. Uncontrolled hypertension or high blood pressure) Crohn's Disease (active) Congestive Heart Failure (e.g. Organic Valve Disease) Diverticulitis: Severe or Acute Please provide name and telephone number of	 Epilepsy/Seizures Fissures/Fistulas GI Hemorrhage/Perforation Hemorrhoids (when excessive bleeding is present) Hernia: Incarcerated Abdominal Prostatitis Surgery: Recent Abdominal (6 months or earlier post-surgery) Ulcerative Colitis: Severe
Name:	
PLEASE FAX to (585) 312-3735 or MAIL COMPL Thank you,	
Annette Barber, B.S., CNHP, GPACT Certified C Gentle Pathways 2280 East Avenue, Suite 4 Rochester, NY 14610 info@gentle-pathways.com	olon Hydrotherapist
If you require any additional information, pleas	se contact me at 585-209-9109
I certify that contraindications or if contraindications do exist, I dee hydrotherapy services.	does not have any of the above m it safe for the above named patient to receive colon
Signade	Licansa #

Date: _____

Print Name: