



Clean Colonic

Referral Sheet for Procedure: Therapeutic Enema

Patient NAME _____ Date _____

2x a week for 12 weeks

OR Recommended Protocol: _____

Diagnosis Code: _____

Referring Dr. _____ **Phone#** _____

Any Questions please call or email.

Carolyn Berry Owner

602.920.2806

Fax 602.857.7503

Info@cleancolonic.com

COMMENTS:
