Dear Dr.

Your patient has contacted me requesting colon hydrotherapy. This is a simple and gentle procedure, infusing warm purified water into the colon. The purpose of colon hydrotherapy is improved evacuation and health.

In order to proceed with this service, it is necessary for your patient to be cleared for any contraindications (see below) and to be under ongoing physician supervision, during colon hydrotherapy treatments. As a typical beginning protocol, we suggest a series of 3 sessions. I will happily collaborate with you about further sessions based on outcome.

Please provide me with a list of all prescription medications or supplements your patient is taking at this time (or in recent few months) and the conditions they treat.

The following is a list of contraindications for receiving colon hydrotherapy.

1) Severe cardiac disease
2) Cirrhosis of the liver
3) History of aneurysm/blood clots
4) GI hemorrhage/perforation
5) Severe anemia
6) Colon cancer
7) Severe hemorrhoids (bleeding or inflamed)
8) Colon or abdominal surgery within the last 6 months
9) Pregnancy
10) Fissures/Fistulas
11) Abdominal Hernia
12) Renal Insufficiency
13) Alzheimer's
14) Dementia

Indications under prescription or direct supervision of a physician:

1) Ulcerative colitis
2) Crohn's Disease
3) Cancer
4) Diverticulitis (active, bleeding, or recent hospitalization)
5) Hepatitis
6) AIDS
7) Other ________

I certify that ____________________ does not have any of the above contraindications and that it is safe for him/her to receive colon hydrotherapy.

Signed License #

Print name Date

*7501 Murdoch Ave. Shrewsbury, MO 63119 (314) 647-3999 www.holifit.com (314) 647-5424/ Fax *