

VITALIZED PERFORMANCE GROUP

Phone 860-430-2342 Fax 860-838-4664 (HIPAA Compliant fax & email)
vpgwaves@vpgwaves.com 212 New London Turnpike, Suite D Glastonbury, CT 06033

Services Approved by doctor for the trained and certified practitioner Vitalized Performance Group.

“Prescription” for Colon Hydro-therapy Services Patient (Full legal name):

_____ DOB: _____ The client named above gives permission to view a health history questionnaire and other documents and to be consulted by the undersigned in-person or gives permission to DO/MD/ND/APRN to consult with another licensed healthcare provider. Signing practitioner is approving Colon Hydrotherapy services for the above patient. Such approval, if any, may be confirmed by a “prescription” from the reviewing DO/ MD/ND/APRN to the client and the Colon Hydro-Therapist. The state of CT requires DO/MD/ND/APRN to approve Colon Hydrotherapy prior to the 1st treatment. The undersigned physician approves Colon Hydrotherapy services for the above-named client; provided, however, that this approval shall automatically be rescinded when the client informs the Colon Hydro-Therapist of any change to the information contained in this form and changes to the patient intake. Approval will only be reinstated after the undersigned or another reviewing Naturopath/MD/APRN/DO has reviewed such change and approved the continued performance of Colon Hydrotherapy. Reviewing Physician Please Print and sign the prescription.

Client qualifies for:

Click to learn more about contraindications for colon hydrotherapy:

<https://www.vpgwaves.com/colon-hydro-therapy>

Best for those suffering from brain fog, constipation and diarrhea, skin problems, migraines and more.

Please indicate your office address & Phone# where you practice CIRCLE DO MD ND APRN

PRINT NAME _____

_____ (date) Or: Reviewing independent healthcare provider signature

_____ (signature)

_____ (date) Additional Notes by physician (optional):

