

Be sure to bring this prescription (Rx) with you to class for the hands-on training.

Prescription (Rx) Date ____ / ____ / 20

Patient Name _____

"COLONICS AS NEEDED"

Physician Name _____

Address _____

City _____

Office Phone _____

X _____

PHYSICIAN SIGNATURE

LIC# _____

Physicians may choose to use their own prescription pad, or write a letter.