

DOCTOR REFERRAL FORM

MAGNAWAVE

I Dr. _____ support and understand that MagnaWave is beneficial for the reduction of inflammation and subsequent pain relief. The process allows for the body itself to facilitate an improved recovery process.

_____ is trained and MagnaWave Certified to provide knowledgeable and reliable services and will provide sessions for my patient.



Signature

Dr. _____

Certified MagnaWave Practitioner

Referred Patient
