

West Yorkshire MS Therapy Centre

Unit 3A, Olympia Business Park, Gelderd Lane, Leeds LS12 6AL

Tel 01132 504528

www.mstherapy.org

INFRARED SAUNA

Dear Dr.....

My name.....

Address.....

Postcode.....Tel:.....DOB.....

I have applied to this centre for advice and therapy in relation to my condition. I have been advised to check with my GP or Consultant to ask if it is safe for me to use the Infrared Sauna.

Benefits of the Infrared Sauna

- Detoxify your body
- Boosting the immune system
- Relieve joint and muscle pain
- Alleviate Stress

The Sauna can be adjusted to a temperature to suit the individual person.

I understand that therapies undertaken at the centre are taken at my own risk.

Signed.....Date.....

To: **Centre Manager – Joanne Goodwin**

I acknowledge receipt of your notification that my patient has expressed an interest in using the Infrared sauna and I have no objection to them doing so.

I understand this does not constitute a referral of my patient.

Signed.....Date.....

Address.....

.....Postcode.....

Telephone.....

NB. If you would like to receive further information about the centre to pass on to other patients please mark this box with a cross