



MedGym Wellness Group (MWG)

Patient Recommendation Letter

By filling out this form, you release all limitations of HIPAA, the Health Insurance Portability and Accountability Act with regards to and limited to only the information that you provide to MedGym, LLC . Your name is now associated with being treated by the Applicant as per this form. Your information is only used for the applicant's consideration to the MWG and is private. MedGym, LLC will not use your name or any of your information in any public forum.

Applicant Name: _____

Your Name (Patient): _____

Location treated: (City, State)_____

Injury: _____

Sport/Discipline and/or club: _____

In what capacity do you know the applicant?

How long have you known and /or worked with the applicant?

Please list the qualities that the applicant has that you personally know or have observed that place him/her above average in:

1. Treatment:
2. Communication:
3. Education/patient understanding:
4. Peer interaction:
5. Involvement in your specific sport organizations/wellness programs:

Please give examples of positive qualities or experiences with the applicant:

Please list examples of your personal experience of the applicant's knowledge of the sport/genre:
Gymnastics / Dance / Figure Skating / Cheer / Theater / Musicians/Vocalists:

Please write any other information that may help us to get to know the quality of the applicant with regards to national recommendations for treatment, writing, speaking, etc.

Please return completed form, scanned to: medgyminfo@gmail.com