Prescription Request

I, _____, am the patient of Dr._____.

I am requesting a prescription for colon hydro-therapy / lower bowel cleansing method using purified water conducted by a trained and certified therapist using Food and Drug Administration (F.D.A.) cleared equipment to assist in the removal of feces known as the ColoLAVAGE[sm] prior to my:

(circle one) Colonoscopy Barium Enema Other_____

scheduled for_____/_____/_____ at _____:_____ a.m./p.m. _____
month day year hour min. location

With my doctor's approval, I will follow the instructions given to me by my doctor for the preparation for my procedure; however, I wish to include this F.D.A. approved method to better assist in the quality of the preparation.

> ***FDA Title 21CFR876.5220 Colonic irrigation system.***
> *(b) Classification. (1) Class II (performance standards) when the device is intended for colon cleansing when medically indicated, such as before radiological or endoscopic examinations.*

I understand that I am to complete the ColoLAVAGE[sm] the evening before a morning procedure or the day of the procedure to ensure the best results.

To see a short video with doctors' testimonials, for more information, etc., visit www.cololavage.com

Patient Name	Patient Signature	Date
Doctor Name	Doctor Signature	Date

Please Fax prescriptions to Annette Barber at 585-283-7035
Gentle Pathways ~ 441 Penbrooke Dr., Suite 8 ~ Penfield, NY ~ 14526 ~ 585-209-9109