

Physician's Activity & Exercise Approval

Aloha, *Body Dynamics LLC & The Body Dynamics Performance Studio* is pleased to have the opportunity to assist your patient, _____ with his/her exercise and performance program.

Body Dynamics LLC would like to receive any feedback, recommendations and suggestions to help improve the overall benefits for your patient and our client.

Attn. Personal Trainer: Les Tin

Phone: 808-383-0386

Fax: 1-877-873-8537 (toll free)

_____, has been examined by me and has my approval to participate in a progressive exercise program. I understand the physical and physiological stressors of the program and see no reason why the above named person should not participate.

WITHOUT RESTRICTIONS

WITH THE FOLLOWING RESTRICTIONS / PRECAUTIONS

Physician Name: _____

Physician Signature: _____ Date: _____

Physician Phone Number: _____