Physician Approval

Dear Dr. _____

Inova HealthSource offers community fitness classes with the goal of improving health and wellness through physical activity. **Inova HealthSource does not provide diagnosis or medical treatment for any health condition. Participation in an Inova HealthSource fitness class is not a substitute for medical care or the judgment of the participant's health care providers.**

Your patient, _____, would like to participate in an Inova HealthSource fitness class. If you and your patient agree on his/her participation, please sign and date below.

_____ _____

Signature Print Name

_____

Date

Return this form to:
703-698-2401 – fax
or
Inova HealthSource
Attn: Healthy Lifestyles
2700 Prosperity Avenue, Suite 100
Fairfax, VA 22031

INOVA HEALTHSOURCE