

# PHYSICIAN'S APPROVAL FORM

Fit4Baby®     Stroller Strides®/Stroller Barre®     Body Back®

Dear Doctor \_\_\_\_\_

I wish to start a new exercise program with FIT4MOM® \_\_\_\_\_  
(location)

The classes are taught along the most recent ACOG guidelines and are taught by nationally certified fitness instructors. The classes consist of a total body workout with cardio, strength, and core exercises. I would like your approval to begin this program. I thank you for your support in my health!

## PATIENT INFO:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_

Email Address \_\_\_\_\_

## TO BE COMPLETED BY PHYSICIAN:

I give \_\_\_\_\_

my approval to participate in this program.

Name of Physician \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

## A NOTE FROM FIT4MOM®...

Thank you in advance for supporting your patient's desire to join FIT4MOM® programs. Should you have any questions, please don't hesitate to contact us. Additionally, please let us know if you would like further information on our program for your patients.



Please return this

form to FIT4MOM®:

Fax \_\_\_\_\_  
insert number

Address

Patient will pick up at office

