



5157 N. Francisco Ave.
Chicago, IL 60625
GalterLifeCenter.org
773-878-9936

To: **Fundamental Fitness** Fax: **773-907-7486**
From: Date:

I do not foresee an issue with my patient beginning an exercise program at Galter LifeCenter
(patient will be contacted by GLC staff)

Please note any restrictions, other recommendations or comments that you may have in the space below, i.e., patient may not use wet or dry heat sauna, whirlpool, etc.

Please Print

Patient's Name:
Patient's Contact Number:
Date of Birth:
Referring M.D.:

CONFIDENTIALITY NOTICE

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If you do not receive the correct number of pages or if any part of this transmission is illegible please telephone us immediately at the above number. Thank you.