



*Retreat Visitor
Physician's Referral*

**Physician's Referral To
Second Wind Retreat for Cancer Patients & Survivors**

In my opinion, my patient, _____, is physically able to travel to Blue Ridge, Georgia to stay at Second Wind Retreat without the need for constant or highly skilled medical attention. I understand that no medical care will be provided by Second Wind Retreat, but that there is 911 service in the area and Fannin Regional Hospital is approximately 15-20 minutes from the Retreat.

Signed,

Physician Signature

Physician Name Printed

Hospital or Medical Group

Date

Phone Number