



Physician Name: \_\_\_\_\_

Hospital/Clinic Affiliation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_ :

Your patient, \_\_\_\_\_, is interested in participating in the ***Stay Strong, Stay Healthy Program***. This moderate-intensity, progressive exercise program includes strength and balance training and is designed to improve muscle strength, dynamic balance and flexibility.

This program is based upon the results of strength training studies in older adults conducted by scientists at the John Hancock Center for Physical Activity and Nutrition at the Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy at Tufts University in Boston, Mass. Scientists and exercise physiologists at Tufts University have designed this exercise program especially for midlife and older adults. \_\_\_\_\_ are implementing the program in \_\_\_\_\_. Your patient will be required to provide informed consent prior to participation in this exercise program.

Please complete and sign the enclosed Physician Authorization Form. If you have any questions or would like to discuss your patient's participation in the program in further detail, please call me at \_\_\_\_\_.

Sincerely,