



Physician Approval

Dear Dr. _____

Inova BackNET and My Strong Back are web-based programs that focus on prevention, education and support for people with back pain. Inova BackNET is for Inova Health System employees and My Strong Back is for community members. **These two programs do not provide diagnosis or medical treatment for any health condition. Participation is not a substitute for medical care or the judgment of the participant's health care providers.**

Participants enroll in the program and have access to a confidential website with online workshops and educational materials. Each participant is assigned a Coach, who is a trained health care professional. The Coaches help participants set behavior-related goals for managing their back pain. Through weekly communications with their Coach, participants receive support and problem solving to help them establish healthy lifestyle habits.

Your patient, _____, would like to participate in My Strong Back.

If you and your patient agree on participating in My Strong Back, please sign and date below.

Signature

Print Name

Date

Return this form to:
703-208-5601 – fax
or
Inova HealthSource
Attn: BackNET
2832 Juniper Street, Suite 201
Fairfax, VA 22031