

Figure: 22 TAC §184.25(a)(8)

Patient Notification Statement Concerning the Physician Evaluation

I (patient's name) _____, am notifying the
acupuncturist (practitioner's name) _____ of the following:

___ Yes ___ No I have been evaluated by a physician or dentist for the condition being
treated within 12 months before the acupuncture was performed. I recognize that I should
be evaluated by a physician or dentist for the condition being treated by the acupuncturist.

___ Yes ___ No I have received a referral from my chiropractor within the last 30 days for
acupuncture.

Patient Signature _____ Date _____