

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 \_\_\_\_\_