



Office and Clinic Policies & Procedures



Please initial next to each of the following paragraphs to indicate that you have read and understood each statement and that you are in agreement with these office policies.

_____Please be aware that if you become ill with a cold or flu, it is important to come in for treatment as quickly as possible. In this way, I can utilize the benefits of Chinese Medicine to help your body eliminate the pathogen from your system and expedite the healing process. The results can be remarkable. If the condition is not treated in a timely fashion, it can go deep into your body and prolong your illness.

_____Because of the high incidence of environmental allergies and product sensitivities, I ask that you do not wear scented toiletries such as cologne and perfume.

_____The initial appointment consists of an evaluation and an acupuncture treatment that costs \$150.00. The follow-up sessions cost \$80.00, currently a **special rate**.

_____I value your precious time and ask, in return, that you value my precious time. As a courtesy to patients waiting to get appointments with me, please give us at least a full 24 hours advance notice by phone if you are unable to keep your scheduled appointment. All last-minute cancellations and no-shows are subject to an \$80.00 cancellation fee. **This policy is strictly enforced.**

I, _____ (please print name) have read the above statements and acknowledge the terms and conditions of this agreement.

Patient signature: _____

Billing address: _____
City: _____ State: _____ Zip _____