



SEASONS IN OUR LIFE

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RECOMMENDATION FOR EXAMINATION BY A PHYSICIAN

I, _____, recommend to you _____
(licensed acupuncturist) (patient)
that you be examined by a physician regarding the condition for which you are seeking
acupuncture treatment.

I understand this recommendation.

Patient

Date

Virginia law requires that I give this form to you if I do not have written evidence that you have received a diagnostic exam in the last six months from a licensed practitioner of medicine, osteopathy, chiropractic or podiatry regarding the condition for which you are seeking treatment. (*Code of Virginia* §54.1-2956.9, 18 VAC 85-110-10).

Acupuncturist

Date