

Notification to Acupuncturist of Physician Evaluation

Pursuant to the requirements of Mississippi Code of 1972 Section 73-71-7 of the Acupuncture Practice Act effective July 1, 2017

Patient _____

I am notifying the acupuncturist above of the following:

I have been evaluated by a physician for the condition being treated within 6 months before the acupuncture was performed. I recognize that I should be evaluated by a physician for the condition being treated by the acupuncturist.

OR

I am requesting treatment for one of the conditions below, which does not require a physician evaluation.

Smoking addiction

Weight loss

Substance abuse

Signature _____ Date _____

Note:

1) Please be advised that acupuncture is not a substitute for conventional medical diagnosis and treatment. The acupuncturist will discuss treatment techniques and get informed consent from the patient.

2) If your condition does not improve you will be referred to your primary care doctor for an evaluation.