



PATIENT'S ADVISORY TO CONSULT WITH A PHYSICIAN

To comply with NJ PL 2009 (C.45:2C-5a-2), the Intern Clinic of the Eastern School of Acupuncture and Traditional Medicine requests that you read and sign the following statement:

We, the undersigned affirm that: _____ has been advised by:
(Print Patient's Name)

_____ to consult a licensed physician regarding the condition for
(Print Clinical Supervisor Name, L.Ac)

which the above patient seeks treatment in the Intern Clinic of the Eastern School of Acupuncture and Traditional Medicine.

Signature of Patient

Date

Signature of the Licensed Acupuncturist. L.Ac.

Date