



**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  
(Print: Patient's Name)

by: \_\_\_\_\_ to consult a licensed physician  
(Print: Clinical Supervisor Name, L.Ac.)

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

\_\_\_\_\_  
Signature of the Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Licensed Acupuncturist. L.Ac.

\_\_\_\_\_  
Date