

Recommendation for Examination by a Physician

I, Sarah A. Steed, L. Ac., recommend to you _____,

be examined by a physician regarding the condition for which

you are seeing acupuncture treatment. I understand this recommendation.

Patient

Date

Signature of Parent if under 18

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, 18VAC 85-110-10)

Acupuncturist

Date