

Mojgan Rezaei L.Ac. MAOM

Bluemoon Acupuncture

WE, THE UNDERSIGNED, DO AFFIRM THAT

Patient name _____

HAS BEEN ADVISED BY Mojgan Rezaei, L.Ac. MAOM, TO CONSULT A PHYSICIAN REGARDING THE
CONDITION OR CONDITIONS FOR WHICH SUCH PATIENT SEEKS ACUPUNCTURE TREATMENT.

Patient's signature /Date

Practitioner's signature/ Date