

Consent to Treatment

I _____, hereby authorize Dr. Dong Liu, OMD, LAc to administer Oriental Medicine modalities relevant to my diagnosis and treatment, including but not limited to the following:

1. Insertion of various styles of acupuncture needles into my body at various depths and locations.
2. Administration of heat with smouldering Mugwort Leaf or a conventional heat lamp. The heat may be administered to any location as deemed necessary for effective treatment.
3. Oriental TuiNa and Acupressure techniques.
4. The application of suction cups to the skin, which may produce a red/purple discoloration of the area beneath the cup, which may last for up to 5 days.
5. Electrical stimulation of acupuncture needles may produce a vibration or electrical sensation at the points being treated.

I have been informed that I have the right to refuse any form of treatment. I understand the nature of the treatments, and I have been informed of the risks and possible consequences involved with this treatment, and I have been given the opportunity to ask questions relevant to my treatment.

I understand that there is always a possibility of unexpected complications arising from the treatment and I understand that no guarantee can be made concerning the results of this treatment.

Signature of Patient

Date

_____/_____/_____

Printed Name

Signature of Practitioner
