

## CONSENT FOR TREATMENT

I, \_\_\_\_\_ HEREBY CONSENT  
to treatment, namely acupuncture and/or Chinese Physical therapy, to be  
performed by MELISSA HEINL, DTCM, R.Ac.

I understand that;

one time use disposable needles are used in all treatments

there may be a chance of bruising or slight soreness at some acupoints following  
treatment

I will be consulted prior to the use of any acupoints that may be potentially  
dangerous or any treatment protocols that may cause any ill effects

I have read and understood the above Consent for Treatment.

Date signed \_\_\_\_\_ Patient signature \_\_\_\_\_

Witnessed \_\_\_\_\_