

Contacts

Please list all health care providers (MD, Dentist, Therapist, Chiropractor, Massage, etc.) and specify if I can send them information about acupuncture plus notify them that you are under my care.

Name: _____

Specialty: _____

Address: _____

Telephone: _____

Ok to contact: Yes ____ No ____

Name: _____

Specialty: _____

Address: _____

Telephone: _____

Ok to contact: Yes ____ No ____

Name: _____

Specialty: _____

Address: _____

Telephone: _____

Ok to contact: Yes ____ No ____