

# Referral for Acupuncture Treatment

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Patient Name: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Instructions/Precautions: \_\_\_\_\_

Current Treatment: \_\_\_\_\_

Report to Doctor in \_\_\_\_\_ wks

Referring Physician: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_



*Accurate Acupuncture By Zhang*

*(Rapid Effect with Single needle 张一针)*

*Remington Zhang, PhD*

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