Sonya Patel, L.Ac. (TX, NY, NJ), MSOM, Dipl. O.M. (NCCAOM)
Eastern Harmony Clinic
4611 Montrose Blvd, Suite A201
Houston, TX 77006
(713) 529-1610

CONSENT FORM

I ________________________________ am notifying, Sonya Patel, L.Ac. & the Eastern Harmony Clinic that I (______have _____ have not) been evaluated by a physician or dentist for the condition being treated within six months of this date. I recognize I should be evaluated by a physician for the condition being treated by the acupuncturist. I recognize that it is my responsibility and choice to have medical evaluation and that treatment with acupuncture is not intended to replace medical evaluation.

____

Patient Signature

____

Date