2717 Miamisburg Centerville Rd, Ste 207
Dayton, OH 45459

Far Hills Acupuncture

Ph: (937) 681-7881
Fax: (937) 312-1132

For Patient Review Regarding Diagnostic Exam

Please sign one of the two options listed below:

Option 1:

I have received a diagnostic exam by a physician or chiropractor with in the last six (6) months regarding the condition for which I am seeking treatment.

Patient Signature Date

Option 2:

I have NOT received a diagnostic exam by a physician or chiropractor with in the last six (6) months regarding the condition for which I am seeking treatment. Ohio law requires that a Licensed Acupuncturist recommend that you receive a diagnostic examination from a physician or chiropractor regarding the condition for which you are seeking treatment.

I understand this recommendation.

Patient Signature Date

Licensed Acupuncturist Signature Date

CC: Patient file
Provided to patient