

YINTANG

I, _____, the undersigned, hereby voluntarily consent to receive Acupuncture at Yintang, I understand that the diagnosis of Oriental Medicine is not intended as a medical diagnosis, or a substitute for a medical diagnosis, nor is it to be considered as such.

I am aware that Acupuncture means the insertion of disposal fine needles into the body Remaining for approximately 15-30 minutes.

I am aware that acupuncture is contraindicated under the following conditions:

- 1) Over exhaustion, too weak, too famished
- 2) Extreme emotional stress
- 3) Pregnancy

I further understand that if Acupuncture is performed under the conditions described above, fainting, vomiting or other reactions may occur.

I have read and understand all of the above statements, and release Yintang and all of its agents, practitioners, and employees from any and all claims incurred by me as a result of treatments. I voluntarily consent and choose to have acupuncture.

Patient's Name

Patient's Signature

Date