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Recommendation for Examination by a Physician

New patients, please read and sign:

I, Jayne Dabu L.Ac., and/or other practitioners on duty recommend to you,

_____ that you be
Patient Name (Print)

examined by a physician regarding the condition for which you are seeking acupuncture treatment.

I understand this recommendation.

Patient Signature

Date

Virginia law requires that I give this form to you if I do not have written evidence that you have received a diagnostic exam in the last six months from a licensed practitioner of medicine, osteopathy, chiropractic, or podiatry regarding the condition for which are seeking treatment. (Code of Virginia §54.1-2956.9, 18 VAC 85-110-10).

Acupuncturist Signature

Date