

Rev: 11/06 (LAC)

**Recommendation for Examination by a Physician**

I, \_\_\_\_\_, recommend to  
(licensed acupuncturist)

you

\_\_\_\_\_, that you be  
(patient)

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

I understand this recommendation.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
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, osteopathic medicine, chiropractic or podiatry regarding the condition for which you are seeking treatment. (Code of Virginia, Section 54.1-2956.9, 18VAC85-110-10)

\_\_\_\_\_  
Acupuncturist

\_\_\_\_\_  
Date

(On a separate sheet)

**Instructions to Licensed Acupuncturist:**

1. The patient must sign and date the form.
2. Make a copy of this form and retain the original in the patient's chart.
3. Give a copy of the signed form to the patient.
4. If the patient does not understand English, make sure the form is translated to the patient or provide the form in the patient's language.

