

**NOTIFICATION FORM REGARDING
EVALUATION OF PATIENT BY PHYSICIAN**



CANCELLATION POLICY

(Pursuant to the requirement of section 183.7 (e) of this title and section 6.11, Subsection (d) V.A.C.S article 4495b, governing the practice of acupuncture)

We are a small boutique treatment center for Acupuncture & Herbal Medicine. Therefore during busy times space is limited. When you reserve a time with us, we not only guarantee your appointment and service length, we are also turning away others who might want your spot. Our patients receive confirmation emails approximately 48-hours before the scheduled appointment.

I (patient's name), _____
am notifying Element 5 OM of the following:

Yes No I have been evaluated by a physician or dentist for the condition being treated within twelve (12) months before the acupuncture was performed. I recognize that a physician or dentist should evaluate me for the condition being treated by the acupuncturist.

OR

Yes No I have received a referral from a chiropractor within the last 30 days for acupuncture. The date of the referral is _____, and the most recent date of chiropractic treatment prior to acupuncture treatment is _____. After being referred by a chiropractor, if after 60 days or 20 treatments, whichever comes first, no substantial improvement occurs in the condition being treated, I understand that the acupuncturist is required to refer me to a physician. It is my responsibility and choice to follow this advice.

OR

I have not been evaluated by a physician or dentist for the condition being treated, nor have I received a referral from a chiropractor, but I seek treatment for symptoms related to one or more of the following conditions:

- Chronic Pain
- Smoking Addiction
- Weight Loss
- Alcoholism
- Substance Abuse

Signature

Date

The acupuncturist has referred me to a physician. It is my responsibility and choice to follow his/her advice.

Signature

Date

Acupuncturist Signature

24-Hour Cancellation Policy -

In order to provide you and other patients with excellent customer service and access to appointments during peak times, please call us (713) 942-7110 with 24-hours notice if you need to reschedule or cancel. Please be sure to leave a message if we are unavailable. Additionally you have the option of rescheduling or canceling online through our website, www.element5om.com.

Same-Day/Emergency Cancellations -

We understand that sudden illnesses, emergencies or things just sometimes come up. If less than 24-hours notice is given we will only require a credit card to reserve your next appointment. If you keep all future appointments there will never be any additional charges. You will be able to pay for your services as usual with your choice of Visa, MasterCard, Discover. check or cash. In the instance of a second "same-day" cancellation or reschedule your credit card will be charged only 50% of the missed service, but only if we are unable to book another patient in your time slot.

No Shows -

If you fail to appear for your appointment without attempting to cancel your appointment beforehand the full fee will be charged to your credit card or you will forfeit the full value of your gift certificate or voucher.

Late Arrival -

Arriving late will simply limit the time for your treatment. Your treatment will end on the regularly scheduled time so that the next patient will not be delayed.

By signing this form I acknowledge that I have read, or it has been read to me, and I fully understand the cancellation policies and will abide by them.

Signature

Date