

## Recommendation for Examination by a Physician

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

\_\_\_\_\_ that you be examined by a  
(patient)

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, osteopathy, chiropractic or podiatry regarding the condition for which you are seeking treatment. (*Code of Virginia* §54.1-2956.9, 18 VAC 85-110-10).

\_\_\_\_\_  
Acupuncturist

\_\_\_\_\_  
Date

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(On a separate sheet)

Instructions to Licensed Acupuncturist:

- The patient must sign and date the form.
- Make a copy of this form and retain the original in the patient's chart. Give a copy of the signed form to the patient.
- 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.