THE KAPLAN CENTER
for Integrative Medicine
THE CHRONIC PAIN AND ILLNESS EXPERTS

Recommendation for Examination by a Physician

I, _____Rebecca Berkson, L.Ac._____, 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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