



# Orange Poppy 5 Element Acupuncture

Andrea Beckwith, MS EAMP

## Consent for treatment & cancellation policy

I do hereby voluntarily consent to be treated by Oriental Medicine and Acupuncture, administered by Andrea Beckwith, MS EAMP.

I understand that the following procedures may be used in treatment:

**Acupuncture:** the insertion of very fine, sterile and single-use needles placed in specific acupuncture points to assist in rebalancing organ and bio-mechanical disharmonies.

**Moxibustion:** Artemisia vulgaris dried and ground herb is used to warm acupuncture points and accelerate the healing process.

**Guasha:** gentle scrapping or rubbing of the skin with herbal oil and jade tool to facilitate the circulation of blood to the surface of the skin.

**Cupping:** glass or plastic cups create suction on the skin to increase blood circulation, energy circulation, and facilitate detoxification of tissues.

These procedures have been fully explained to me.

I am aware that certain adverse side effects may result. These could include, but are not limited to, some local bruising, bleeding, fainting, temporary pain or discomfort, and the possible temporary aggravation of symptoms existing prior to the treatment.

I agree to arrange for full payment of charges at the time of services, even if partial insurance coverage applies, unless negotiated otherwise. ***I agree to a cancellation policy of 24 hours prior to scheduled appointment, otherwise incurring a fee of \$50 for missed appointments.***

None of the foregoing provisions preclude the administration to me of conventional medical therapy by a licensed physician when in his or her discretion such therapy is deemed appropriate.

I acknowledge that I have received a copy of the Notice of Privacy practices and Patient Rights (HIPAA), and have had the opportunity to ask questions about it. All questions I have asked have been fully answered.

I have carefully read and I understand all of the foregoing.

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Patient Signature  
(Parent/Guardian Signature)

Date

