Rebecca Weiss, D.O. phone 602.266.8144 fax 602.266.9670 drweiss@paradisemedspa.com



Kristine Sarna, M.D. 602.266.8144 phone 602.266.9670 fax drsarna@paradisewellness.com

ACUPUNCTURE CONSENT FORM

During your acupuncture treatment, Dr. Sarna is going to use very small solid needles to stimulate acupuncture points on the body. Modalities such as electricity and heated moxa root may be added to encourage energetic movement. The needling causes minimal discomfort however will it puncture the skin. Risks of this treatment include bruising and bleeding. Please alert Dr. Sarna if you are on blood thinners such as Warfarin or Plavix. These are not contraindications but can increase your chance of bleeding. Needling will not be done into infected skin areas to avoid the chance of infection. The addition of electricity is contraindicated if you have a pacemaker or implanted electrical device. Additionally, we avoid doing acupuncture on pregnant women. I ______ have read and understand the above information and give Dr. Sarna permission to perform acupuncture on myself. Patient or Guardian: _____ Date: ___/___/ Witness: ______ Date: ____/____