



INFORMED CONSENT

1) *Acupuncture therapy also consists of the usage of direct and indirect supplement of heat by burning the herb *Artimesia vulgaris*. This is known as *moxibustion*. Indirect *moxibustion* is employed much more frequently than direct *moxibustion*. But, in certain cases direct *moxibustion* will be used and during which the herb will be used directly on the skin. I understand this treatment (*moxibustion*) may become uncomfortable and could temporarily leave a small blister or scab on the surface of the skin. It is also possible that this technique may leave a small scar.*

2) *A technique called "cupping" may be used in certain cases. It produces a deep redness of the skin which usually persists for 4-5 days.*

3) *On a few occasions, electrical stimulation of the needles may be used. This technique consists of using a small, battery powered stimulator; attached by wires to the ends of the needles. A slight vibratory sensation may be felt during the use of this stimulator.*

4) *If you health condition changes or you have other problems, please see your physician again.*

I hereby certify that I have read this entire form, and I have discussed all questions with the attending staff, and I understand the provisions described above.

Patient: _____

Date: / /