



Welcome to Triangle Acupuncture Clinic! For your convenience, we will explain our office policies to serve your needs efficiently. Please read carefully.

1. We ask that patients provide a list of any and all medications and or supplements that are currently being taken.
2. Please do not be alarmed if some minor bruising results from treatment. This happens occasionally and is normal but if you have any questions or concerns, we encourage you to call our office.
3. We will furnish you with the appropriate receipts so that you can file for reimbursement through your insurance carrier.
4. AT LEAST 24 HOURS NOTICE OF CANCELLATION IS REQUIRED TO AVOID A \$50.00 MISSED/LATE CANCELLED APPOINTMENT CHARGE. Because we are committed to providing the very best care for our patients, we appropriate a specific amount of time for each individual's care with their practitioner. An advance cancellation notice allows us an opportunity to extend care to the many patients on our waiting list. _____ (please initial)
5. You are expected to be on time for your appointments. If you find that you cannot be on time, please notify our office as soon as possible. If you are late for your appointment, the practitioner may not be able to see you at that time or may not be able to give you the full amount of time originally slotted for you.
6. All herbs must be paid in full at time of purchase.
7. Returned checks are subject to a \$25.00 service charge.
8. It is important for our records that you advise us of any change in your address or phone number(s).
9. We request that you eat a snack or a small meal two hours prior to receiving your treatment.
10. For the courtesy of other patients, we request that you refrain from wearing any fragrances while in our office, and please silence your mobile phone in the lobby and treatment rooms.

Please read and sign this form and bring with you to your initial appointment.

Name: _____

Signature: _____

Date: _____