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MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

Kenneth Cleveland, M.D. | Executive Director

ACUPUNCTURIST NOTICE OF PHYSICIAN EVALUATION

Pursuant to the requirements of Mississippi Code of 1972 Section 73-71-7 of the Acupuncture Practice Act effective July 1, 2017.

Patient Name (Printed): _____

Acupuncturist Name (Printed): _____

Patient must complete either Part 1 Or Part 2 and sign below before treatment may be performed.

By my signature below, I am notifying the acupuncturist named above that I understand and acknowledge the following:

PART 1

____ I am requesting treatment for one of the three conditions (Smoking Addiction, Weight Loss, or Substance Abuse) that does not require a physician evaluation under Mississippi law.

OR

PART 2

____ I am seeking treatment for _____, and understand that I should be evaluated by a physician for this condition.

____ I hereby certify that that have been evaluated by a physician for _____, within 6 months before the acupuncture treatment to be performed.

Signature _____ **Date** _____

Note:

1) Please be advised that acupuncture is not a substitute for conventional medical diagnosis and treatment. The acupuncturist will discuss treatment techniques and get informed consent from the patient.

2) If your condition does not improve you will be referred to your primary care doctor for an evaluation.