WELL-BEING ACUPUNCTURE CENTER

Well Mind. Well Body, Well Soul, Well-Being.

CLIENT RESPONSIBLITY

I understand that Acupuncture is a system of medicine based on Traditional Oriental principles and is not meant to replace western medicinal treatment should the case warrant it. I further understand that any western medical diagnosis of my condition must be performed by a licensed physician, and that I shall be advised to seek more appropriate ate treatment when indicated. I assume full responsibility for consulting with the appropriate physician if this is necessary. I understand that no claims are being made about my condition.

I hereby certify that the information I have provided is true and complete to the best of my knowledge. In addition, I will advise my Acupuncturist of any changes in my medical condition, address, and work status.	
Patient Signature or Patient Representative	Date
CANCELLATION POLICY	
Well-Being Acupuncture Center is committed to providing exceptional care. when a patient cancels without giving enough notice, it prevents another pat seen.	
Please provide us with 24-hours notice if you need to cancel or reschedule a avoid being charged for your appointment.	ın appointment to
Please call our office at 978-448-3940, send an email to appointment.wbac@respond to confirmation text.	gmail.com, or
Patient Signature or Patient Representative	Date