

INFORMED CONSENT

Patient's Name: _____

Clinic's Name: Wasinger Chiropractic & Acupuncture, LLC

Doctor's Name: Dr. Blake Wasinger, DC

Address: 1811 E Mary Street, Suite A1
Garden City, Kansas 67846

Phone # (620) 275-4325

Fax # (620) 275-4525

I will use small pre-packaged sterile acupuncture needles or a mechanical instrument at one (1) or many specific areas of your body, which are located along designated meridian pathways. These specific areas are referred to as acupuncture points. As the doctor inserts the needle you may feel a slight "sting" or discomfort. This is completely normal. Using a mechanical instrument in replace of needles produces a small electrical sensation within the area.

There are certain complications that can occur as a result from acupuncture. These compilations include, but are not limited to: muscle strain, bruising of the skin, bleeding following removal of the needle(s), and injury to internal organ(s). It is important to remain relaxed and still during treatment, only move if directed by the doctor. Excessive movement may cause the needles to bend or even break. In the event a needle breaks, the doctor will first try to remove the needle fragment. If unsuccessful, it will be suggested you go to the emergency room to have the fragment removed to avoid risk of further complications.

I am aware of these complications, and in order to minimize their occurrence I will take precautions. These precautions include, but are not limited to my taking a detailed clinical history of you and examining you for any defect, which would cause a complication.

DATE _____

Printed Name

Signature

Signature of Parent / Guardian (if a minor)