

**Claudia Olson**

Licensed Acupuncturist  
PO Box 166  
New Windsor, MD 21776  
240-994-2571

**Consent to Treatment**

- I consent to treatment with acupuncture, moxibustion and QiGong exercises
- I understand that confidentiality will be preserved at all times
- I give permission for contact to be made with \_\_\_\_\_
- I understand that I will be charged a full fee for any missed appointments or cancellations given within less than 24 hours notice, except in cases of medical emergencies.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Practitioner copy

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Patient copy