



Patient Name: _____ Date: _____

Acupuncturist: Terry Fox, L.Ac., RMT

Clinic: Artesian Spring Oriental Medicine, LLC

Consent: I hereby request and consent to Cosmetic Acupuncture treatment by the acupuncturist named above and/or other licensed acupuncturists who now, or in the future, treat me while employed by, working or associated with, or serving as back-up for, the acupuncturist named above, including those working at the clinic or office listed above or any other office or clinic whether signatories to this form or not. I understand that Cosmetic Acupuncture treatment is not a surgical procedure and is in no way intended as a substitute for cosmetic surgery.

Type of Care: I have had an opportunity to discuss with the acupuncturist named above the nature and purpose of the Cosmetic Acupuncture treatment to which I am consenting. I understand that a Cosmetic Acupuncture treatment involves the insertion of acupuncture needles to the face, neck and body, and that according to the theory of Traditional Chinese Medicine (TCM) the insertion of these needles is designed to facilitate the flow of Qi (energy) along meridians or pathways throughout the entire body. A description of the specific type of Cosmetic Acupuncture care currently contemplated follows:

I understand my treatment plan may be modified to address: 1) Changes in my condition, 2) Changes in my desired results, or 3) Changes in the professional standards of acupuncture care. I understand, and agree to adjustments in my treatment as needed to optimally address my well being, my objectives, and to take advantage of the full range of care options for me.

Potential Benefits: I understand that the purpose of Cosmetic Acupuncture is to create a younger and more vibrant appearance by properly balancing the flow of Qi. This may include enhanced skin tone, improved luster of complexion, decreased puffiness around the eyes, elimination or reduction of fine wrinkles, improved muscle tone, a firming of sagging skin, and a lessening of visible signs of aging. However, I understand that as with all TCM care, Cosmetic Acupuncture involves a gradual, healthful process that is customized for each individual, and that individual results may vary.

No Guarantee: I understand that results are not guaranteed. My questions regarding longevity of results and potential changes in my facial appearance have been answered. I understand that although good results are expected, there is no guarantee or warranty, either expressed or implied, of the results that may be obtained.

Risks of Cosmetic Acupuncture: I understand that every procedure involves a certain amount of risk, including Cosmetic Acupuncture. Some of the more common complications are listed immediately below. I understand and am informed that even though the majority of patients do not experience these complications, problems may arise for me:

- **Bleeding and Bruising** - As with acupuncture in general, when a needle is removed, some minor bleeding may occur. This is normal and usually will not leave a bruise. Occasionally, a bruise or hematoma may

p: 970-633-0199

e: terry@artesienspringom.com

w: www.artesienspringom.com



appear. With bruising, it is important that you wear sunscreen when going outside. Topical and internal remedies will be discussed to address bruising. If swelling persists, I understand I should call my provider immediately.

- **Infection** - Infection at the needle site is very rare after an acupuncture treatment because the needles are sterile. If you suspect infection at the needling site (i.e. redness, swelling or warm to touch), call me. Additional treatment or referral to your M.D. may be necessary.
- **Damage to deeper structures** - In certain systems, deeper structures such as blood vessels, nerves and muscles are rarely damaged during the course of Cosmetic Acupuncture treatment. If this does occur, the injury may be temporary or permanent.
- **Asymmetry** - All facial structures are naturally asymmetrical. Results may vary from side to side due to the natural asymmetry, previous injuries on one side of the body, or severity of symptoms from one side or the other.
- **Nerve Injury** - Injury to the motor or sensory nerve very rarely results from facial acupuncture treatments. Nerve injuries to the sensory nerves of the face, neck and ear regions may cause temporary or, more rarely, permanent, permanent numbness. Painful nerve scarring is extremely rare.
- **Needle shock** - Needle shock is a rare complication that can happen during any acupuncture treatment. If I feel faint or shaky during the treatment, I understand I should notify my provider immediately.
- **Allergic reaction** - In rare cases, local allergies to topical preparations have been reported. Systemic reactions that are more serious may occur to herbs used during an acupuncture treatment. Skin testing is done prior to application of any herbal preparations. Allergic reactions may require additional treatment or discontinuation of treatment.
- **Delayed healing** - Delayed healing is a rare complication. Smoking and certain health conditions such as diabetes, chronic fatigue syndrome, to name a few, may delay the healing response of any of the aforementioned risks.
- **Unsatisfactory results** - I understand that I am not having a surgical procedure. The alternatives, risks, and comparisons of surgical procedures versus acupuncture have been discussed with me and outlined in this document. Should I have any further questions, I will discuss them with my provider before treatment begins.
- **Long term effects** - Following Cosmetic Acupuncture treatments, changes in facial appearance may occur as the result of the normal process of aging, weight gain, sun exposure, stress, illness, or other circumstances not related to acupuncture. It has been explained that following lifestyle and dietary instructions may enhance the longevity of the Cosmetic Acupuncture treatment while non-compliance will adversely affect the longevity of the Cosmetic Acupuncture treatment. Additional, future treatments may be necessary to maintain results.
- **Unforeseeable Impacts** - There are many variable conditions, in addition to the risks and potential complications enumerated, that may influence the long term result from Cosmetic Acupuncture treatments. While the complications cited are the ones particularly associated with Cosmetic Acupuncture treatments, the practice of acupuncture is not an exact science, and other less common complications may arise. Should these or other complications occur, other treatments may be necessary.

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Alternative Treatment - I understand that other alternatives exist for cosmetic care including but not limited to surgery, such as surgical facelift, chemical face peels or liposuction. I realize that there are also risks and potential complications associated with these alternative forms of treatment.

Health Insurance/Financial Responsibility - I understand that most health insurance does not cover the cost of Cosmetic Acupuncture treatments or complications resulting from such treatments. Please contact your insurance company if you have any questions about coverage. If any or all of Cosmetic Acupuncture is covered by an insurance plan, I will be responsible for payment in full to Artesian Spring Oriental Medicine, LLC and will receive a superbill that I can submit to my insurance.

Unforeseen Conditions - I understand that there are styles or methods of facial, cosmetic or rejuvenation acupuncture and have been informed that during the course of Cosmetic Acupuncture treatments, unforeseen conditions may necessitate different procedures than those listed above.

Agreement and Continuous Effect - I have read, or have had read to me, the above consent. It has been explained to me in a way that I understand:

- a) The risks involved with Cosmetic Acupuncture
- b) That I have alternatives available to me for cosmetic improvements, and
- c) What protocols will be used in connection with treatment.

I have also had an opportunity to ask questions about the Cosmetic Acupuncture, and am satisfied that all my questions have been answered. I acknowledge that no guarantee has been give to me by anyone as to the results that may be obtained. I authorize the release of medical information, when required. Finally, by signing below, I acknowledge that I have been fully informed about, and agree to, Cosmetic Acupuncture treatments. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient Signature **X**

Office Signature **X**

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