

## Treatment Authorization

I, the undersigned, authorize *Christina Jackson* to perform the following procedures:

*Acupuncture:*

The insertion of sterile, disposable needles through the skin into underlying tissues at specific points on the body.

*Cupping:*

The application of glass cups to the skin in a manner as to create suction.

*Moxabustion:*

The burning of an herb on or near an acupuncture point.

*Acupressure:*

The application of pressure to the acupoints.

*Tuina:*

A vigorous type of massage.

*Gua Sha:*

The rubbing on an area of the body with a blunt instrument.

*Bleeding Technique:*

The piercing of an acupoint with a sterile lancet in order to release a few drops of blood.

*TDP Lamp:*

A mineral heat lamp used to warm a large area of the body.

I recognize the potential risks and benefits of the procedures described above.

**Potential Risks:**

Pain, bruising, bleeding, infection, and/or blistering at the site of the procedure; temporary discoloration of skin and possible aggravation of symptoms existing prior to the acupuncture treatment.

**Potential Benefits:**

Drugless relief of presenting symptoms and energetic balancing that may lead to prevention, improvement or elimination of presenting problem.

