

## CONSENT TO TREATMENT BY MY-HANH NGUYEN-WEINBERG

By signing below, I voluntarily consent to be treated with acupuncture, color puncture, and/or Chinese herbal formulas

Acupuncture: I understand that acupuncture is performed by the insertion of disposable, thin needles in an attempt to normalize , and balance the body's physiological functions. I am aware that although rare, there can be local bruising and minor bleeding from superficial capillaries. I understand that I am free to stop treatment at any time.

Colorpuncture: I understand that the use of color light may be applied to various points on the body to help balance and normalize the body. Please see article on the use of light for health at website.

Chinese herbal formulas: I understand that herbal formulas may be recommended to treat body dysfunction . I understand that I am not required to take the formulas, but must follow directions for dosage and administration if I do decide to take them.

I give consent for treatment.

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