

Acupuncture & More, LLC

Polly L. Morgan, Registered Acupuncturist

216 Alder Court
Delaware, OH 43015
7550
Fax: 866/840-2170

681 London Ave.
Marysville, OH 43040
937/707-9953
614/579-
pollymorgan@columbus.rr.com

Request for Acupuncture Referral

Ohio law requires a written or fax prescription signed by a licensed physician or chiropractor for acupuncture treatment.

Patient Name

Date of Request

Street Address

Home Phone

City, State


Zip

Work or Cellular Phone

Patient requests acupuncture services for his/her _____.

Please bring, mail or fax this form to Acupuncture and More, LLC at the address/fax listed above.

Thank You.



Patient Signature

Polly L. Morgan, Registered Acupuncturist

~~~~~  
**Acupuncture Prescription**

Diagnosis:\* \_\_\_\_\_ ICD-9 Code(s): \_\_\_\_\_

\_\_\_\_\_  
\*Please list all conditions for which patient seeks acupuncture treatment.

\_\_\_\_\_  
Physician/Chiropractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician/Chiropractor Name (Printed)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Physician/Chiropractor Address

The acupuncturist at Acupuncture & More, LLC agrees to keep the referring physician informed of the patient's progress during the course of treatment. Progress reports will be submitted during the course of treatment and at discharge. By signing this Request for Acupuncture Referral, the patient is aware and has agreed to the exchange of necessary medical information between the acupuncturist and the physician.