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### **CONSENT FORM FOR ACUPUNCTURE**

Acupuncture is an art of healing involving stimulation of specific points on the body to relieve pain or provide symptomatic assistance. The stimulation may be produced by needles, heat, digital pressure, and/or electric currents, but most frequently in the form of needling. In rare incidents patients may experience certain side effects or untoward reactions including fainting, bruising, bleeding, broken needles, puncturing of viscera, pneumothorax or other hazards associated with the treatment procedures.

Contraindications for acupuncture include a history of bleeding disorder or current anticoagulant therapy, implanted pacemaker or prosthetic valve, or pregnancy. I will inform my physician acupuncturist, if any of these conditions exist.

I am also aware that acupuncture may mask an underlying condition a retard a more exact diagnosis where alternative therapy may be indicated. I understand that I must remain under the care of my primary care or specialist physician for the current medical problems.

Certain medications or social habits are known to lesson the potential results of acupuncture and these include alcohol, tobacco, steroids, or narcotics. I have informed my physician acupuncturist of any substances included in this list.

The undersigned understands the hazards and potential dangers involved in treatment by means of acupuncture. The nature and consequences of the above treatment have been fully explained, and the undersigned is convinced that the treatment is in the best interest of the patient, but that no guarantee of results has been made.

I understand that it usually requires a series of treatments to significantly change my condition. I have agreed to participate in a series of \_\_\_\_\_ treatments that will be scheduled in advance on a frequency of \_\_\_\_\_ per week. I have read this letter sent to me, discussed the charges, and have made payment arrangements to complete this series of treatments.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date