4578 East Tech Dr
Cincinnati, Oh. 45245
513-528-2900

Peter Sheng, M.D.
Acupuncture
Chinese Herbs

8220 North Creek Dr
Cincinnati, Oh. 45236
513-984-3334

PATIENT	SPOUSE
NAME	NAME
ADDRESS	ADDRESS
HOME PHONE ( )-	HOME PHONE ( )-
BIRTHDATE	BIRTHDATE
SOCIAL SECURITY	SOCIAL SECURITY
EMPLOYER	EMPLOYER
WORK PHONE	WORK PHONE
OCCUPATION	OCCUPATION

MARITAL STATUS __MARRIED __SINGLE __DIVORCED __WIDOWED

SEX __ FEMALE __MALE

REFERRING PHYSICIAN_____ PHONE _____

PRIMARY PHYSICIAN_____ PHONE_____

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
TO <u>TWO</u> FAMILY MEMBER

I HEREBY CONSENT TO THE RELEASE OF MY TREATMENT PLAN, TEST RESULTS AND ANY MEDICAL INFORMATION TO TWO FAMILY MEMBERS:

Contact #1_____ _____ _____
Name Relationship Phone number

Contact #2_____ _____ _____
Name Relationship Phone number

_____ _____ _____
Signature of responsible party Date Relationship to Patient

ACUPUNCTURE/HERBS FINANCIAL GUARANTEE

This office will not file insurance claims for any self pay acupuncture treatments and herbs prescribed by Dr. Sheng. It is the patient's responsibility to pay at time of service. This office will provide proof of treatments for patients if needed. I unconditionally guarantee the payment to this office of the total amount due at time of treatment.

_____ _____ _____
Signature of responsible party Date Relationship to Patient