

Fee schedule for Evelyn Byram (Nov.08)

New patient evaluation (incl. acupuncture)	\$ 125.00
Follow-up acupuncture	\$ 75.00
Follow-up acupuncture (package of 5 @ \$65)	\$325.00
Follow-up acupuncture (package of 10 @ \$60)	\$600.00
Short new patient evaluation (incl. acupuncture)	\$ 80.00
Short follow-up acupuncture	\$ 50.00
Pediatric new patient evaluation	\$ 80.00
Pediatric follow-up	\$ 20.00
New patient herbal consultation only	\$ 80.00
Follow-up herbal consultation only	\$ 50.00

Products not included in prices.

Evelyn Byram, M.S., L.Ac.

Licensed Acupuncturist

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I hereby request and consent to the performance of acupuncture treatments and other procedures within the scope of the practice of acupuncture on me (or the patient named below, for whom I am legally responsible) by the acupuncturist named below and/or other licensed acupuncturists who now or in the future treat me while employed by, working or associated with or serving as back-up for the acupuncturist named below, including those working at the clinic or office listed above or any other office or clinic, whether signatories to this form or not. These treatments may include: acupuncture, electroacupuncture, moxibustion, cupping, ear seed acupuncture, ear needle acupuncture and /or massage. Consultation may include: Chinese diagnosis, nutritional evaluation, diet and/or supplement recommendations, herbal and/or homeopathic recommendations.

Acupuncture is a safe method of treatment, but occasionally there may be a slight bruising or tingling near the needle sites that lasts a few days. Extremely rare side effects include, but are not limited to, fainting, scarring and infection. The risk of infection is small when all needles are sterile. Needles are considered sterile when they are either disposable or are autoclaved according to California State Board requirements. I understand that all regular needles used in this practice are sterile, disposable needles. If any unusual needle is used which requires autoclaving and is not disposable, I will be informed of this.

I understand that treatment with acupuncture and/or nutritional consultation and/or the use of herbs and nutritional supplements is no substitute for traditional Western medical treatment. I understand that diagnosis of a medical ailment that requires Western treatment is outside of the knowledge of the acupuncturist, whose diagnosis is based on patterns within Traditional Chinese Medicine. Therefore, if I have any concern of a specific ailment I will consult with a licensed Medical doctor. I understand that Evelyn Kade is not a Medical doctor, and do not hold her responsible for medical treatment or diagnosis.

I have had the opportunity to discuss with Evelyn Kade or other clinic personnel the nature and purpose of acupuncture. I understand that results are not guaranteed.

I do not expect Ms. Kade to be able to anticipate and explain all risks and complications. I understand that she will use her best judgement during the course of the procedure to benefit me, and I wish to rely on this judgement.

I have read, or have had read to me, the above consent. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above reemed procedures. I intend this consent form to cover the entire course of treatment for my present condition and for future condition(s) for which I seek treatment.

Print Patient's Name

Patient (or Parent, if minor) Signature

Date

Are you pregnant ___ Yes ___ No

Witness _____
Signature of someone other than patient