

MING QI ACUPUNCTURE PLLC
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Dear patients: 敬爱的患者:

New York State Acupuncture Board requires both acupuncturist and patient sign the following form.

纽约州针灸局要求针灸医生和病人都签署以下表格。

Article 160, Acupuncture
§ 8211. Definitions

As used in this article the following terms shall have the following meanings:

本文中使用的下列词汇具有以下涵义:

1. "Profession of Acupuncture" is the treating, by means of mechanical, thermal or electrical stimulation effected

by the insertion of needles or by the application of heat, pressure or electrical stimulation at a point or combination of points on the surface of the body predetermined on the basis of the theory of the physiological interrelationship of body organs with an associated point or combination of points for diseases, disorders and dysfunctions of the body for the purpose of achieving a therapeutic or prophylactic effect.

1. “专业针灸”是指通过针的插入或通过热、压力或电刺激于身体表面一个点或几个点的综合性的影响，每个进针点（穴位）皆与人体器官的生理功能、身体的疾病、不协调和身体障碍有关，以达到治疗和预防的效果。

2. Each Acupuncturist licensed pursuant to this article, shall advise each patient as to the importance of consulting with a licensed physician regarding the patient's condition and shall keep on file with the patient's records, a form attesting to the patient's notice of such advice. Such form shall be in duplicate, one copy to be retained by the patient, signed and dated by both the acupuncturist and the patient and shall be prescribed in the following manner:

2. 依照本条规定，每位持照针灸师都需告知患者咨询有执照医生（西医）病情的重要性，并应保留证明患者建议通知的记录。此表格应一式两份，一份针灸医生和病人都已签署和填写日期，由患者保留。并应以以下格式：

WE, THE UNDERSIGNED, DO AFFIRM THAT (THE PATIENT) HAS BEEN ADVISED BY,
(A LICENSED ACUPUNCTURIST), TO CONSULT A PHYSICIAN REGARDING THE
CONDITION OR CONDITIONS FOR WHICH SUCH PATIENT SEEKS ACUPUNCTURE
TREATMENT.

我们签署并确认，（持牌针灸师）已建议（病人）咨询医生对病情进行针灸治疗。

(Signature) 签名

Date 日期

(Signature) 签名

Date 日期

Note: "Board" is the state board for acupuncture as created by section
eighty-two hundred thirteen of this article.

注：“针灸局”是国家设立专为 8213 文件所创建针灸所立。