

Date: _____

Acupuncture & Massage Center

Saginaw office: 989-799-9900

Rochester Hills office: 248-672-2998

Fax: 989-799-9862

Name: _____

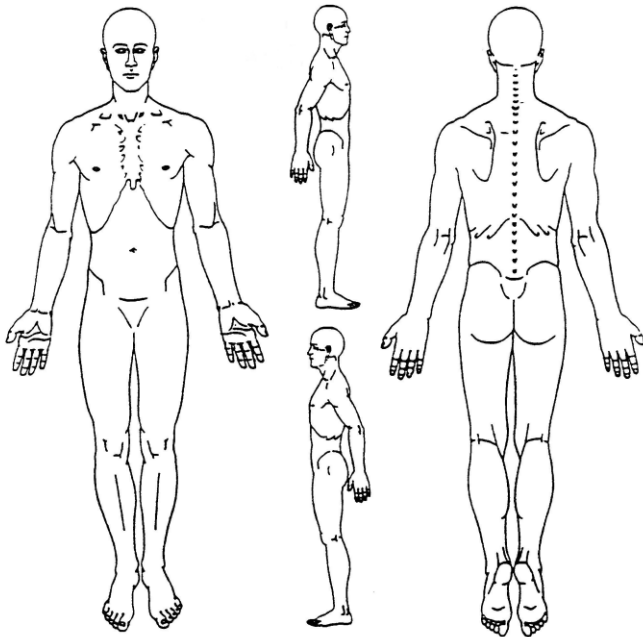
Subject:

Object:

Assessment:

Plan:

_____ minutes Electrical stimulation _____



Signature of Provider: _____

Date: _____