



Three Mountains Wellness, LLC

1780 E. Grand River, East Lansing, MI 48823

(517) 763-1497 Fax: (734) 272-4235

Physician Referral for Treatment

Date: _____

Physician Name: _____

Phone: _____ Fax: _____

Address: _____ City: _____ ST: _____ Zip: _____

I am referring my patient for Acupuncture treatment.

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ ST: _____ Zip: _____

Phone: _____

Diagnosis: _____

Current Medications, Dose & Frequency: _____

Physician Signature

Date

Note To Health Care Providers:

I am committed to working with other health care providers to achieve optimal patient outcomes based on the synergistic combination of Western and Oriental medicine. I look forward to developing a productive relationship with you.

Elizabeth Billings, MSOM, L.Ac., NCCAOM