

WESTSIDE FAMILY ACUPUNCTURE - TREATMENT PLAN

Dr. Paul Dr. Yolanda Extern Kathy Date: _____

Patient Name: _____

Complaint: _____

Diagnosis: _____

Herb Formula: _____

TX Plan Acupuncture Herbs Injections Massage Kinesio Tape

Tx. Schedule: 1 x week 2 x week Every other week _____

Weeks for 4 weeks for 6 weeks for 12 weeks _____

Appointments: 2nd _____ 3rd _____

4rd _____ 5th _____

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