



INFORMED CONSENT

I. Ned A. Holle, L.Ac. Dipl. Ac. MTOM

- Graduated from Pacific College of Oriental Medicine (PCOM), program of 2400 hours, in 1988.
- Received Masters of Traditional Oriental Medicine from PCOM in 1991.
- Continued education in Oriental Medicine in the United States, Japan and Europe.
- Licensed in the State of Minnesota since 1997; License #1035.

II. Scope of Practice

Scope of Practice of Acupuncture includes, but is not limited to, the following;

- Using Oriental Medicine medical theory to assess and diagnose a patient
- Develop a plan to treat a patient. Treatment techniques may include:
 - Acupuncture needles inserted through the skin
 - Acupuncture stimulation including manual, electrical, or the application of heat
 - Cupping
 - Dermal fraction (Qua sha)
 - Acupressure
 - Herbal therapies
 - Dietary consulting
 - Breathing techniques
 - Exercises according to Oriental Medicine theories

III. Potential Side Effects of Treatment

Side effects may include the following:

- Some pain in the treatment area
- Minor bruising
- Infection
- Needle sickness (dizziness and/or nausea)
- Broken needle

IV. Acknowledgement of Information & Consent to Treatment

You, the Patient, give me, Ned A. Holle, consent to speak with your Primary Care Physician regarding the treatment you receive if circumstances warrant me to do so, or if you, the Patient, request this contact.

Your signature below confirms this statement.

Signature of Patient

Printed Name of Patient

Date