



Acupuncture and Wellness Information Request

Name:

Age:

Date:

Address:

Email:

Name of Special Report (if Applicable)*:

Any Additional Information or Question(s):

Monthly Qi Acupuncture Newsletter: Y/N

Information Kit: Y/N

Qi Pricing Card: Y/N

Patient References Request: Y/N

Acupuncture Seminar/Workshop Interest: Y/N

Herbal Medicine Seminar/Workshop Interest: Y/N

Wellness Seminar/Workshop Interest (Relaxation Techniques, Quietening the Mind, etc): Y/N

*Note: Special Reports Currently Available for Migraines/Headaches Lower Back Pain, Fibromyalgia, Arthritis, & PMS. Please limit your Special Report request to one report per form.

All information is strictly confidential and will not be shared or sold.

Tel **602.462.1115**

Fax **602.462.1119**