

**Kristin Rabai, D.C.**  
4620 Robin Ave NE  
Albuquerque, New Mexico 87110  
505 514-4150

### **Informed Consent to Treat with Meridian Therapy**

I, \_\_\_\_\_, consent to be treated with Meridian Therapy by Kristin Rabai, DC. Dr. Rabai uses only sterile, disposable needles and maintains a clean and safe environment. This treatment is generally safe, but I understand there may be some side effects or risks from treatment.

I understand there is a chance of bruising or swelling from the needles, cups, or gua sha. I understand that there is a chance of light headedness, weakness, tingling, nausea, or vomiting during treatment and, in very rare cases, internal organ puncture, infection, or temporary nerve damage where needles were placed. I understand I may be sore after my treatment with Meridian Therapy and that following self care instructions from Dr. Rabai is essential for continuing the healing effect post treatment.

I have a right to refuse any part of my treatment and can discuss the risks and benefits of Meridian Therapy further with Dr. Rabai before I sign this form or at any time thereafter.

I understand that Meridian Therapy is not covered by insurance and that I am solely responsible for the costs of this treatment.

\_\_\_\_\_  
Please Print Patient Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date