



DIANA DONG HESTER L.Ac

taiHE

HEALING + HEALTH LLC

STATEMENT OF NO ACCIDENT OR INJURY

I, _____, hereby state with my signature that I was not involved in any automobile accident, slip and fall, or work-related injury. My treatment is in no way associated with any third party, and no other party is responsible or liable for the cost of my treatment.

Please process and pay all claims at your earliest convenience.

Most Sincerely

ACUPUNCTURE
CHINESE HERBS
TUI NA / TAI CHI

14730 NE 8TH
SUITE NO. 204
BELLEVUE
WA 98007
425 614 9996

Signature of patient or person authorized to consent

Date

| | 2012

