

Integrated Chinese Medicine Holdings LTD.

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Locating a TCM Practitioner

Practitioner's name	
Clinic information	
	Tel: _____ Fax: _____
Contact email / mobile	
Certifications held	
Registration information	Country: _____ Registration No.: _____
Area of expertise & styles / treatment techniques e.g. acupunctures, herbal prescription, cupping, massage or others.	
Language spoken	
Association memberships	

Name of the Practitioner:

Signature:

Date:

* Please fill the form and send back by mail or fax. Information collected will not be used for any marketing purposes.