

**American Board of Oriental Reproductive Medicine
(ABORM)**

FORM 2: VISITATION RECORD

(Make as many copies of this form as required)

Important notice to the applicant for grandparented registration: You should explain the purpose of this document to your patient, which is to demonstrate to the ABORM that indeed you were practicing substantially in the same capacity as the TCM title you seek under the grandparented provision.

Patient Name: _____ Phone (Day): _____

Phone (Evening): _____

Patient Address: _____

Treatment	Dates of Visit	Total No. of Visits
Acupuncture		
Herbology		

I confirm that I received the above-mentioned treatments from _____

(Name of Practitioner) on the dates indicated above, and I am willing to verify this statement if and when invited by the American Board of Oriental Reproductive Medicine, to do so.

(Signed by Patient or Guardian if Patient is a minor)

(Date)

If this form is signed by the patient, then submit it along with your application. You do not need to notarize it.

But if this form is not signed by the patient, you must take this form, along with Form 3 and your original patient records to a Notary Public or Lawyer for verification.