CLARK ROAD CHIROPRACTIC CENTER

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Clark Road Chiropractic Center
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Referral to Chiropractic Office

Patient Name:_____ DOB:_____

Phone #:_____ Call pt to schedule: ☐

Chief Complaint(s)/ICD-10:_____

Comments/Precautions:_____

Services: *Evaluate and Treat as appropriate* ☐

- ☐ Chiropractic Care (no authorization required)
- ☐ Massage Therapy
- ☐ Acupuncture
- ☐ Myofascial Release
- ☐ Kinseotaping
- ☐ Extremity Adjustments
- ☐ X-ray
- ☐ Postural Correction
- ☐ Active Release Technique
- ☐ Therapeutic/Passive Modalities
- ☐ Cupping
- ☐ Graston/ Gua Sha
- ☐ Traction Technique
- ☐ Rehabilitation/Exercises
- ☐ Stretching Session

Recommended Tx Plan _____

Doctor's Name _____

Phone #:_____ Fax #:_____

Physician Signature _____Date:_____

We are in network providers with most insurance plans. Prior authorizations or referrals are not typically required. We are happy to check insurance benefits prior to initial visit. We accommodate walk ins-to the best of our ability. Thank you for this referral.