

Referral for Services to:
Maciej Majzel DC, QME
Chiropractic Corporation

6200 Wilshire Blvd., Suite 910, Los Angeles, CA 90045 Phone: 323-934-0423 Fax: 323-934-4762
 14557 Friar Street, Unit B2, Van Nuys, CA 91411 Phone: 818-616-5500 Fax: 818-616-5592

Patient Name: Maria Del Rosario Santillan DOB: 3, 26, 67
Patient Phone Num: (323) 517-7722 Date of Injury: 11/12/14 Work Comp Personal Injury
Diagnosis: CL5, T15, L15, (L) Knee

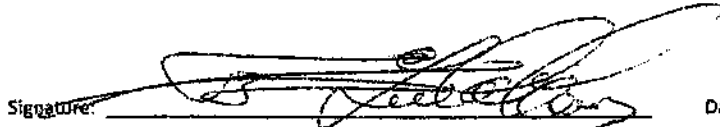
Referred by: Vlad Gendelman
Address: 6200 Wilshire Blvd. ste. #910 Los Angeles, CA 90048
Phone Num: (323) 933-3434 Fax Num: (323) 954-8666

PHYSICAL THERAPY CHIROPRACTIC ACUPUNCTURE BIOFEEDBACK HYPNOTHERAPY
Frequency of Treatment: 2 times per week for 6 weeks.

PRECAUTIONS: _____
Weight Beaking Status: _____

TREATMENT PLAN:

- Evaluate and treat Cervical Program HEP
 - Back program Elbow program Wrist / Hand program
 - Shoulder program Knee program Ankle / Foot program
 - Hip program Alignment & Body Mechanics Strength Training program
 - Other _____
 - Return to Work program
 - Neck Back or Spinal Surgery Program
 - Post Surgical program
- Surgery Date: _____ Type of Surgery: _____

Signature:  Date: JAN 29 2015