

Central 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: Santillan, Maria DoB: 3, 26, 1967
Patient Phone Num: _____ Date of Injury: 9/11/2014 Work Comp [] Personal Injury
Diagnosis: C/S, T/S, L/S, (L)knee

Referred by: Vlad Gendelman
Address: 6200 Wilshire Blvd. ste. # 910 Los Angeles, C.A. 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 4 weeks.

PRECAUTIONS: _____

Weight Bearing 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 Continue TX

[] Return to Work program

[] Neck [] Back or [] Spinal Surgery Program

[] Post Surgical program

urgery Date: _____ Type of Surgery: _____

Signature: 

Date: _____

MAY 12 2016