

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: Santillan Maria del Rosario DoB: 3/26/67
Patient Phone Num: _____ Date of Injury: 2/22/13 ^{CT} 01/01/12 ~~Work Comp~~ Personal Injury
Diagnosis: O/S, T/S, L/S, L

Referred by: Vlad Gendelman
Address: 6200 Wilshire Blvd. ste. #910 Los Angeles, CA 90048
Phone Num: (323) 933-3434 Fax Num: (323) 954-8664

PHYSICAL THERAPY CHIROPRACTIC ACUPUNCTURE BIOFEEDBACK HYPNOTHERAPY

Frequency of Treatment: 1 times per week for 4 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 Continue TX

Return to Work program

Neck Back or Spinal Surgery Program

Post Surgical program

Surgery Date: _____ Type of Surgery: _____

Signature: _____

Date: _____

JUL 09 2015