

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 1/1/12; 4/8/14 Work Comp Personal Injury
Diagnosis: L Knee

Post-Op

Referred by: Vlad Gendelman
Address: 6200 Wilshire Blvd. Ste. #910 Los Angeles, CA 90048
Phone Num: (323) 933-3434 Fax Num: (323) 934-8664

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: OCT 08 2015