PIERCE CHIROPRACTIC & SPORTS INJURY CENTER
1415 E. MAIN ST., SANTA MARIA, CA 93454 | (805) 922-1721

RX FOR CHIROPRACTIC CARE: PHYSICIAN REFERRAL

PATIENT INFORMATION

Name: _____ Date of Birth: _____

Home Phone: _____ Other Phone: _____

PATIENT'S CONDITION

Diagnosis: _____

- ☐ Mechanical Lower Back Pain
- ☐ Sprain/Strain Injury (C-T-L)
- ☐ Myofascial Pain
- ☐ Facet Joint Dysfunction
- ☐ SI Joint Dysfunction
- ☐ Disc Injury / Bulge / HNP
- ☐ Sciatic Neuritis
- ☐ Neck Pain / Whiplash
- ☐ Thoracic Pain
- ☐ Thoracic Outlet Syndrome
- ☐ Fibromyalgia
- ☐ Carpal Tunnel Syndrome
- ☐ Extremity Pain
- ☐ Pregnancy Pains
- ☐ Chronic Pain Syndrome
- ☐ Other: _____

Please provide the following treatment(s):

- ☐ Evaluate and treat per medically necessary
- ☐ Spinal Manipulation
- ☐ Myofascial Release
- ☐ Soft Tissue / Trigger Point Therapy / Massage / Prenatal Massage
- ☐ Physical Therapy Modalities
- ☐ Rehabilitation / Supervised Exercise / Strengthening Program
- ☐ Number of visits requested or date range: _____
- ☐ Other: _____

REFERRING PHYSICIAN

Signature: _____ Date: _____

Name: _____

Phone: _____ Email: _____

☐ Please send a progress report on completion of treatment