

Chiropractic Care Referral

Patient Name: _____ Phone: _____

Referral For:

- Chiropractic Care Rehabilitation MLS
 Spinal Decompression Laser Therapy

Patient being seen for:

- General Care L&I Personal
 Motor Vehicle Accident Injury

Preferred Doctor: (Leave blank if no preference)

- Dr. Michael Kaufman Dr. Cassandra Kaufman Dr. Cambry Rattay
 Dr. Nicole Kaufman Dr. Nathan Meyers Dr. Dr. Jarryd Page
 Dr. Beau Kaufman Dr. Andre Garay

Referred By:

Name: _____

Group/Office: _____

Date: _____

Signature: _____

Kaufman Chiropractic Clinic

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