

[CHIROPRACTIC OFFICE]  
[address]  
[phone/fax]

PATIENT INFORMATION Report prepared by:  
[DOCTOR]  
NAME: \_\_\_\_\_  
[AHCIP NUMBER: \_\_\_\_\_] DATE: \_\_\_\_\_

PHYSICIAN INFORMATION PHYSICIAN REFERRAL FORM  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

Dear Doctor: The above patient has been evaluated in our office for musculoskeletal problems. During our case history and examination, we became aware of a problem which we felt required special attention. We are sending the patient to you for further investigation and treatment.  
It would be appreciated if you could contact us and inform us of your conclusions.  
Thank you.

PATIENT FINDINGS

**SAMPLE PREVIEW**

RECOMMENDATIONS & REQUESTS:

SIGNED: