



A DVANCED
CHIROPRACTIC
CENTER, INC.

2508 Hillsboro Ave. N., Golden Valley, MN 55427

Referral for Massage Therapy/Physical Therapy

Name _____ Date of Birth _____

Diagnosis _____

Special Instructions _____

Orders:

____ Soft tissue mobilization/massage therapy/manual therapy

____ Exercise instruction

____ Education

Frequency _____

Duration _____

_____ Date _____

PHYSICIAN SIGNATURE