



# Chiropractor Referral: Dr. Samantha Duncan

**\*\*Please mention you have a referral for Dr. Duncan when scheduling your appointment\*\***

Referral From \_\_\_\_\_

Patient Name \_\_\_\_\_ Phone \_\_\_\_\_

Diagnosis \_\_\_\_\_

Secondary Diagnosis/Precaution \_\_\_\_\_

X-Ray/MRI/CT Scan Results \_\_\_\_\_

EVALUATE AND TREAT

- Low Back Pain
- Neck Pain
- Knee Pain
- Disc Disorder
- Other: \_\_\_\_\_

- Headaches
- Radiculopathy
- TMJ
- Sprain/Strain

