

Cypher Chiropractic and Rehabilitation Center
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Patient's Name: _____

Date: _____

Diagnosis: _____

Referral for Chiropractic Care

- Evaluate and Treat
 Other

Special Instructions: _____

- ROM
 Strengthening/Stabilization/Swiss Ball
 Stabilization/Floor Exercise/Open Chain
 Back Conditioning/Evaluation
 Functional Training/Screening
 Balance Training/Babs/Wobble Board
 X-Rays
 Computerized Boot Scan/Orthotics
 Home Exercise Program
 Joint Mobilization/Manipulation
 Ice/Spray and Stretch
 Moist Heat
 Ultrasound
 Electrical Stimulation
 Vibration Massage
 Traction
 Phono/ontophoresis
 Ergonomic Evaluation
 Laser Light Therapy
 Graston (Instrument Assist. Soft tissue stretch/rehab)
 Progress Isometric Reflex
 Proprioceptive Neuromuscular Facilitation
 Dry Needling
 Elastic Resistance Training
 Other

Frequency: _____ x/week for _____ weeks.

Physician's Signature: _____

Providing all patients with the highest standard in physical medicine, sports rehab and physical wellness since 1985.