



CAPITAL CHIROPRACTIC & REHABILITATION CENTER

CHRIS LORANG, DC

Referring Physician: _____

Date: _____

Patient Name: _____

Diagnosis: _____

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- Evaluate and Treat
 - Manipulation and Rehabilitation
 - Active Release Techniques (Myofascial Release)
 - Graston Technique (Instrument Assisted Soft Tissue Mobilization)
 - Dynamic Neuromuscular Stabilization
 - Nutritional Consultation
 - Other

Frequency: Daily 1x/week 2x/week 3x/week Duration _____ weeks

CAPITAL CHIROPRACTIC
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