

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.