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Ste 110
Las Vegas, NV 89148

Michelle Binkowski, DC, CMUA, CIME

Patient Information

First Name: _____
Last _____
DOB: ____/____/____
Phone: () _____
Attorney: _____
Case Manager: _____

Referring Facility Information

Contact: _____
Phone: () _____
FAX: () _____



Chiropractic Care
Laser Technology
Physiotherapy
Pain Relief
Car Accidents
Sports Injuries

Reason for referral

☐ Car Accident ☐ Work Injury ☐ General Injury

Date of Injury _____

Diagnosis/History _____

Radiology: ☐ Yes ☐ No

If yes, Where? _____

