

702-970-4325 (HEAL)  
F: 702-213-4970  
info@biaclv.com



5552 S Ft Apache Rd  
Ste 110  
Las Vegas, NV 89148

## Michelle Binkowski, DC, CMUA, CIME

### Patient Information

First Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Last \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

FAX: ( ) \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Attorney: \_\_\_\_\_

Case Manager: \_\_\_\_\_

### Reason for referral

Car Accident

Work Injury

General Injury

Date of Injury \_\_\_\_\_

Diagnosis/History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Radiology:  Yes  No

If yes, Where? \_\_\_\_\_



Chiropractic Care  
Laser Technology  
Physiotherapy  
Pain Relief  
Car Accidents  
Sports Injuries

