

DOUBLE M CHIROPRACTIC, LLC VETERINARY REFERRAL SHEET:

Dr. Mark A. McCann

2419 Charmany Way, McFarland, Wisconsin 53558

Large animal and voice mail: 608-219-0073

Small animals: Columbus Countryside Veterinary Clinic

N4359 Temkin Rd. Columbus WI. 53925

920-623-3366 Fax: 920-623-3397

Dear Doctor:

Thank you for your referral for chiropractic care. If we are unable to see positive results within a few treatments we will be sending the animal back to you for more diagnostic work or other follow up care. In order to evaluate an animal we must first have a written veterinary referral from a licensed Wisconsin Veterinarian. We hope this form will make that process easier for you. Any medical records you have pertaining to examination findings, diagnosis or history of injury or illness will be of great value to us. Again thank you for your referral.

I, Dr. _____,
of _____ clinic, Phone: _____
am referring my client (Client and animal's name please) _____

For chiropractic evaluation and treatment by Dr. Mark A. McCann.

The animal has been diagnosed with:

I am including the following records with this referral:

Radiographs (please indicate area and number of films):

Copies of medical records regarding this diagnosis

Myelogram

MRI reports

Other: _____

Signed: _____ **Date:** _____

Comments: _____