

Rupert Health Centre Inc.

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www.ruperthealth.com

Patient: _____ Date: _____

Diagnosis: _____

- Treatment
- Active/Exercise Rehabilitation
 - Chiropractic Treatment
 - Custom Orthotics
 - Massage Therapy
 - Naturopathic Medicine
 - Physical Therapy

Frequency Provider's Discretion
12345 Times per week for — Weeks

Follow Up Treatment Report (Email/Fax/Ph/)

Precautions _____

Thank You for your Referral!

Dr. _____ MSP# _____