



Davis Chiropractic Center

Dr. Gary L. Davis Jr, D. C.
Dr. Preston C. Davis, D.C.

271 Highway 74 North, Suite 1
Peachtree City, Georgia 30269
770-486-9169

Chiropractic Referral Form

Referring Provider Information

Provider Name: _____ Date: _____

Clinic: _____ Phone: _____

Fax: _____ Email: _____

Signature: _____

Patient Information

Patient Name: _____ DOB: _____

Phone: _____ Email: _____

Insurance: _____ Member ID: _____

Reason for Referral

☐ Evaluation & Treatment ☐ Neck Pain ☐ Mid Back Pain ☐ Lower Back Pain ☐ Sciatica

☐ Headaches ☐ Plantar Fasciitis ☐ Pregnancy ☐ Other: _____

Primary Dx (ICD-10): _____

Services Requested

☐ Adjustment ☐ Soft Tissue Therapy ☐ Rehab/Exercise ☐ Postural Eval ☐ Other: _____

Special Instructions / Notes

Referral Contact

Please fax or email this form and relevant records to:

Fax: 770-486-9145 Email: info@davischiropracticcenter.com