

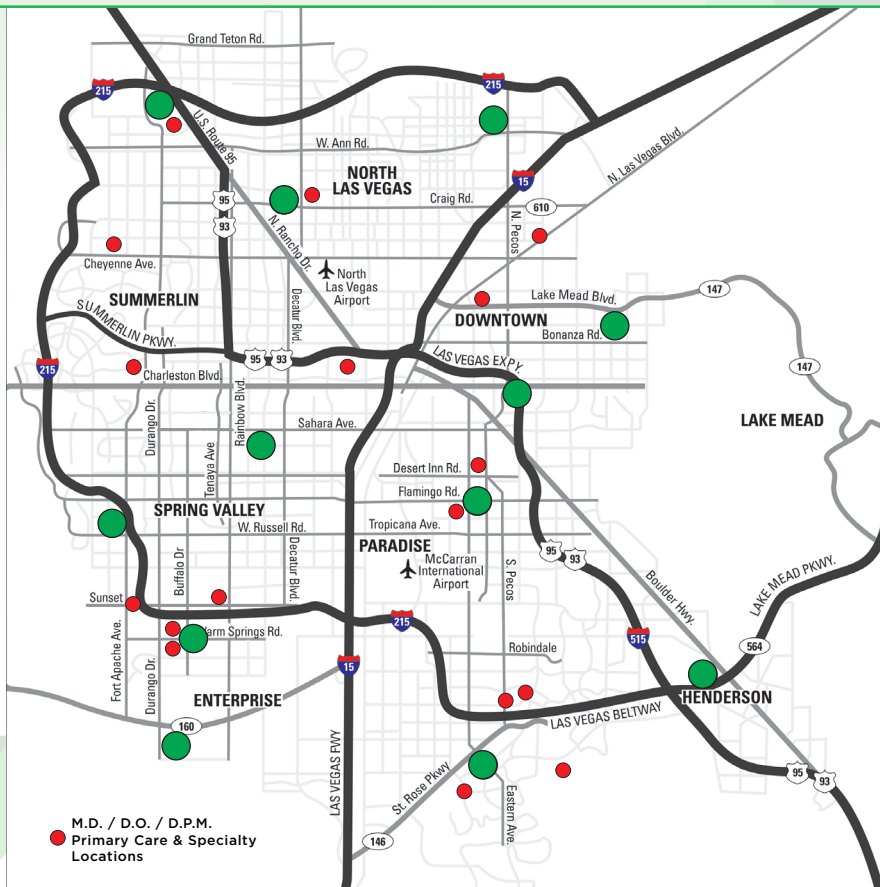
CiM Complete Injury Management®

Do You Suffer From

- Auto Accident Injury
- Sports Injury
- Slip & Fall Injury
- Work Related Injury

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APPT. DATE _____ APPT. TIME _____

NOTES: _____

- | | | |
|---------------------|----------------------|--------------------|
| • Chiropractic Care | • Orthopedic Surgery | • Physical Therapy |
| • Primary Care/PT | • Foot & Ankle Spec. | • Neurology |
| • X-Ray/Ultrasound | • Pain Management | • MRI/CT/TBI |

Each office is independently owned and operated. Se Habla Español.