



Casey Long, DC

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**LongChiroCenter.com**

*Please send us any applicable notes and imaging.*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Recent X-Rays of Area: \_\_\_ Y \_\_\_ N Worker's Compensation: \_\_\_ Y \_\_\_ N Adjuster/Case Mgr: \_\_\_\_\_

Recommended Frequency: \_\_\_\_\_ Times per Week for \_\_\_\_\_ Weeks \_\_\_\_\_

**PHYSICAL / ATHLETIC / OCCUPATIONAL EVALUATION AND TREATMENT**

**MODALITIES**

- Muscle Stim
- Hot Packs
- Cold Packs
- Ice Massage
- Ultrasound
- Phonophoresis with \_\_\_\_\_
- Iontophoresis with DEX

**VESTIBULAR REHABILITATION  
BPPV**

**THERAPEUTIC  
EXERCISE / ACTIVITY**

- R.O.M.
- Shoulder Rehabilitation
- Hand Rehabilitation
- Knee Rehabilitation
- Ankle Rehabilitation
- Back/Neck Rehabilitation
- Spinal Stabilization
- Proprioception/Balance Training
- Functional Activities
- Muscle Strengthening
- Osteoporosis Program

**MASSAGE THERAPY**

**MANUAL THERAPY**

- Tissue Mobilization
- Chiropractic

**DECOMPRESSION**

- Pelvic
- Cervical

**OTHER:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby certify that the above services have been deemed medically necessary.*

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_