

I LOVE THE CCA'S PATIENT REFERRAL NETWORK!



Your clinic's detailed file on the PRN (Patient Referral Network) is just one of the many benefits enjoyed by CCA members. The PRN refers over **1500 patients** to CCA member doctors each year. PLUS your practice is now listed **LIVE ON-LINE** on our web site at www.coloradochiropractic.org.

BE SURE YOUR FILE IS UPDATED AND ACCURATE!

We need your help to ensure that potential patients have access to the most recent information about YOUR practice.

Complete the PRN information on the back of this form

and FAX it to us today at **(303) 755-1010** or mail to the CCA at:

Colorado Chiropractic Association

8751 East Hampden Avenue #B-7 ■ Denver, Colorado 80231-4929

The Patient Referral Network (PRN)

Last name: _____ MI: _____ First name: _____

Office name: _____ Cross street and/or landmark: _____

Office address: _____

City: _____ State: _____ Zip: _____ Date of birth: _____

E-mail: _____ Web site: _____
9-digit zip (if available)

Office phone: _____ Fax: _____ Home phone: _____

Home address (need for legislative info): _____
9-digit zip (if available)

Languages spoken (in addition to English): _____

Spouse's Name: _____ My spouse is a DC

I understand that by providing my fax number, e-mail address, telephone number and other information, I hereby consent to receive faxes, e-mails, telephone calls, and other electronic communication sent by, or on behalf of, the Colorado Chiropractic Association (and its subsidiaries and affiliates).

Signed: _____ **Date:** _____

Techniques/Specialties

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Activator | <input type="checkbox"/> Diversified | <input type="checkbox"/> Nimmo | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Active Release Technique | <input type="checkbox"/> Electro stim | <input type="checkbox"/> Non Force | <input type="checkbox"/> Thermography |
| <input type="checkbox"/> Acupressure | <input type="checkbox"/> Extremities | <input type="checkbox"/> Nucca/Groscopic | <input type="checkbox"/> Thompson |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Nutrition | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Gonstead | <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Toftness |
| <input type="checkbox"/> ATLAS | <input type="checkbox"/> Holistic | <input type="checkbox"/> Orthotics | <input type="checkbox"/> Trigger |
| <input type="checkbox"/> BEST | <input type="checkbox"/> ICE/IME | <input type="checkbox"/> Palmer | <input type="checkbox"/> Upper Cervical |
| <input type="checkbox"/> Chiropractic Rehab | <input type="checkbox"/> Kinesiology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> VAX-D |
| <input type="checkbox"/> Cox | <input type="checkbox"/> Massage | <input type="checkbox"/> Pettibon | <input type="checkbox"/> Webster |
| <input type="checkbox"/> Cranial Sacral | <input type="checkbox"/> NAET | <input type="checkbox"/> Radiology | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Cranial work | <input type="checkbox"/> NET (Neuro-Emotional) | <input type="checkbox"/> Soft laser | |
| <input type="checkbox"/> Decompression treatments | <input type="checkbox"/> Network | <input type="checkbox"/> SOT | |
- Other (please specify): _____

Education

Chiropractic College: _____ Year Graduated: _____

Advanced Degrees: _____

Office/Personal Information

Days Open: _____

Office Hours: _____

Do you offer: House Calls? Emergency Calls? Family Plan?

Payment Options: VISA MasterCard AMEX Discover Cash Payment Plans Check Senior Discounts

Accept: Medicare Worker's Comp Health Insurance Auto Insurance

Managed Care Affiliations (please list): _____

I would be interested in working on the following committees

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Convention/Education | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Ethics | <input type="checkbox"/> Legislative | <input type="checkbox"/> Insurance |

Other interests/comments: _____