

PIERCE – RESULTS SYSTEM

Information Page

NOTE: The information supplied on this page will be printed under these topics on the new list as well as the website.

- Name: _____
- Practice Name: _____
- Phone: (_____) _____ - _____
- Fax: (_____) _____ - _____
- Address: _____
- City: _____
- State: _____
- Zip: _____
- Email: _____
- Website: _____
- College: _____
 - Graduation Year: _____
- Adjusting Table(s) : _____
- X-Ray System: _____
 - Standard x-ray series for new patients: _____
- Instrumentation System: _____
 - Percentage of patient visits with pre-scan: _____
 - Percentage of patient visits with post-scan: _____
 - Full spine or cervical: _____
- Adjusting instrument: _____
 - Percentage used: _____
- Background in the RESULTS SYSTEM (25 words or less) : _____

- Other equipment and techniques (25 words or less) : _____

Please mail completed form and payment to:

Chirp Chiropractic Sales, Inc.

540 McCracken Road

Lake Helen, FL 32744