



Dr. Maria V. McElwee, DC

Doctor of Chiropractic, Certified in Animal Chiropractic by the International Veterinary Chiropractic Association
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**REQUEST FOR LEVEL OF CONSULTATION and
PARTICIPATION FROM VETERINARIAN**

Veterinarian: _____ Phone number: _____

Address: _____ Email: _____

PLEASE BE AWARE THAT YOUR NAME AND/OR CLINIC NAME WAS GIVEN AS A HEALTH CARE PROVIDER FOR THIS PATIENT.

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PLEASE REVIEW THE FOLLOWING, CHECK THE APPROPRIATE BOXES, COMPLETE ALL REQUESTS, AND RETURN THIS FORM TO ME. THANK YOU.

- The patient listed below is being seen in our clinic.
- Please call me as soon as possible to discuss this case. I would like to be involved in all decisions concerning your chiropractic care.
- Do not provide this patient with chiropractic care.

THE PATIENT LISTED BELOW IS BEING SEEN AND CARED FOR WITH, AND ONLY WITH, CHIROPRACTIC CARE, BY DR. MARIA MCELWEE, DC

I authorize Dr. Maria McElwee, DC, an International Veterinary Chiropractic Association certified Animal Chiropractor to provide chiropractic care as needed for the patient identified below.

Signed by
Veterinarian: _____ Date: _____

Client Name: _____ Patient Name: _____

Species: _____ Breed: _____ Age: _____

Signed by client _____ Date: _____