



Brett A. Barringer, D.C.

Active Release Technique (ART) Certified

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Patient Name _____ DOB _____

Patient Phone _____

Diagnosis _____

Chief Complaints / History _____

Service Requested

___ Chiropractic ___ ART ___ Massage

___ Ergonomic Consultation ___ Exam ___ Consultation

___ Other _____

Physician's Name _____ Date _____

Physician's Signature _____ Phone _____

Please arrive 15 minutes before your appointment. Bring pertinent paperwork with you (reports, x-rays, insurance cards, worker's comp information, auto accident claim number) and advise my assistant if you have an open or controverted work or auto-related injury claim. If possible, give us 24 hours' cancellation notice.



TUDOR ROAD

ARCTIC BLVD.

C STREET

InterPlaza
X **Mail**

INT'L AIRPORT RD.