

PRESCRIPTIONLocation: University Health Center – Whittier Foothill Regional Medical Center – Tustin

Patient Name: _____ Patient Name: _____

Referring Physician: _____ Physician phone #: _____

Diagnosis / Comments: _____

_____ Acupuncture & Chinese Medicine Chiropractic – Sports Medicine Physical Therapy Ayurveda (Whittier Only) Strength & Conditioning

Diagnostic Imaging (Whittier Only)

 Diet / Lifestyle Return to Play/Return to Work Musculoskeletal Ultrasound Chiropractic – Spine Care Work Related Injury X-Ray

Signature: _____

Date: _____



To ensure your patient receives the highest quality care,
send past diagnostic reports (Labs, X-ray, MRI, CT, EMG) to 562-902-3398 (fax) or health@scuhs.edu

Healing, Evolved