

THERAPRACTICS, LLC INVOICE

BALANCED THERAPY BY



Dr. Guy Morrison, R.P.T., D.C.

AVAILABLE OPTIONS

(CASH, CHECK, Credit Cards, Paypal)

Invoice #: _____

Date: _____

Description	Price	Amount
<u>Initial Consult/Eval</u> (includes Chiro/PT Eval, Chiro/PT adjustment, 5 min. massage & Home exercise program with handout)	\$100	\$
<u>Chiro/PT adjustment</u> (With 5 min. massage to assist in adjustment)	\$50	\$
<u>Massage</u> (5 min. to assist the adjustment)	\$5	\$
<u>Home Exercise Program</u> (Injury prevention & posture correction)	\$50	\$
<u>Theraband</u> (3 ft. piece of elastic rubber exercise band)	\$5	\$
<u>Group/Business Presentation</u> (Education and instruction in proper body mechanics, lifting techniques, proper posture, ergonomic tips designed to keep employees healthy and prevent injuries. Includes handout to business owner)	\$350	\$
Miscellaneous Services	\$	\$
	\$	\$
Total	\$	\$

(A minimum of 3 patients will be necessary for on-site treatments by appointment only considering the travel and set up time. A treatment room or space is required and must be authorized by management.)

Patient Name: _____

Patient Phone #: _____

Paid by cash: \$ _____

Paid by check: \$ _____ Ck# _____

Paid by credit card: MC ___ Visa ___ Am Exp. ___ Amount Paid \$ _____

Paid by Paypal: \$ _____

(Since I am currently contracting at Tustin Irvine Medical Group (TIMG), I will not treat any patients that have any connection with TIMG except at that Clinic under their guidelines.)

FAX # (714) 957-1347

Cell Phone # (714) 397-0467