



# D'Agostino Chiropractic & Associates, PC

**Dr. Dominick D'Agostino**

96 Manner Avenue  
Garfield, NJ 07026  
**Phone/Fax: (973) 772-0099**

Date: \_\_\_\_\_  
RE: \_\_\_\_\_  
SS#: \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

The patient referenced above is being followed for care at D'Agostino Chiropractic & Associates, PC. In order to gain a more complete understanding of this patient's health status, we would very much appreciate you forwarding copies of any blood tests, urine tests or x-rays performed on this patient by you to the address bellow.

Specific test of interest: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness \_\_\_\_\_ Date: \_\_\_\_\_

Thank you in advance for your assistance,

\_\_\_\_\_, D.C.

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