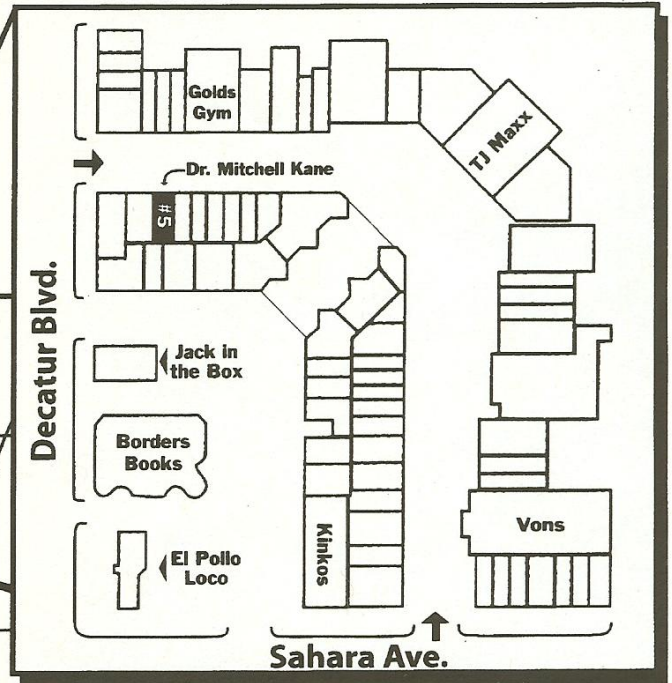
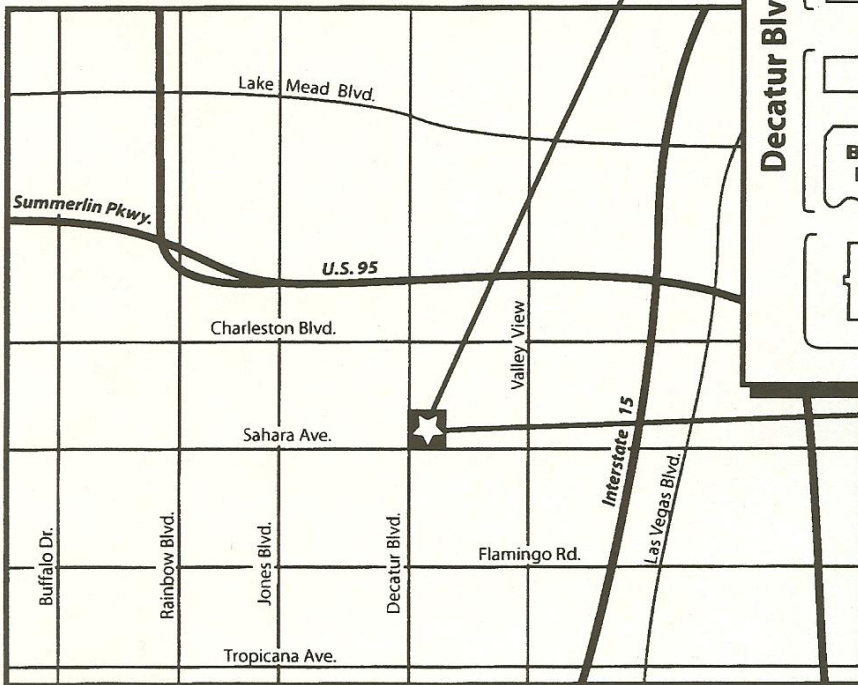


# Dr. Mitchell Kane

## Chiropractor

**4760 West Sahara Ave., Suite #5  
 Las Vegas, Nevada 89102  
 Office: (702) 877-9800  
 Fax: (702) 877-9801**

**In Sahara Pavilion North Shopping Center  
 Northeast corner of Sahara and Decatur**



**Patient Name:** \_\_\_\_\_

**Patient Phone Number:** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Cellular:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Insurance:** \_\_\_\_\_  **Lien (attorney)**  **Cash**

**Referring Physician:** \_\_\_\_\_

**Working Diagnosis:** \_\_\_\_\_

**Reason for Referral:** \_\_\_\_\_

**Please bring your Health Insurance Card and forms with you.  
 If you have taken previous x-rays, CT or MRI, please bring them with you for a  
 complete examination. Thank you for your referral.**