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ADVANCED PERFORMANCE
& REHABILITATION CENTER

Referral Form

Name: _____ Date:____/____/_____

Referring Physician: _____

Reason for Referral: _____

Precautions/Comments: _____

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Chiropractors:

- ☐ Dr. Jason Levy, DC, CCSP, ART, CKTP
- ☐ Dr. Courtney Centrelli, DC, CKTP, CACCP, ART
- ☐ Dr. Michael Teytelbaum, DC, DACNB, ART
- ☐ Dr. Brett Pearsall, DC, TPI, ART

532 Old Short Hills Rd
Short Hills, NJ 07078
(973) 467-9011 www.aprcnj.com