Alaska Chiropractic Society

ACS 2019 Directory Profile

Doctor's Name: _____
Clinic Name: _____
Street Address: _____
City: _____
Multi-Doctor Practice? yes _____ no _____
If yes, names of other doctors: _____
_____
Mailing Address: _____City:_____ State: ____Zip: _____
Phone: _____ Fax: _____
Email Address: _____
Chiropractic College: _____ Year Graduated: _____
Please indicate which of the following techniques, therapies and services you provide:

Techniques

_____ Activator	_____ Diversified	_____ Pettibon
_____ Adv. Biostructural Correction	_____ Extremity Adjusting	_____ Pierce-Stillwagon
_____ Applied Kinesiology	_____ Full Spine	_____ Sacro-Occipital
_____ A.S.B.E	_____ Gonstead	_____ Thompson
_____ B.E.S.T.	_____ Motion Palpation	_____ T.M.J
_____ Blair	_____ Neuro-Emotional	_____ Toftness
_____ Biophysics	_____ Nimmo	_____ Total Body Modification
_____ Computerized Instr. Adj.	_____ Palmer Toggle Recoil	_____ Other (describe)
_____ Cox Flexion Distraction	_____ Palmer Upper Cervical	_____

Therapies

___ Acupressure	___ Frequency Specific Microcurrent	___ Rehabilitative Exercises
___ Cryo/Thermal	___ Interferential Current	___ Rehabilitative Therapy
___ Craniosacral	___ Ionophoresis/Phonophoresis	___ S.M.A.R.T
___ Diathermy	___ Laser	___ Therapeutic Muscle Stimulation
___ Electrical Muscle Stimulation	___ Massage	___ Traction
___ Galvanic	___ Myotherapy	___ Ultrasound

Additional Services

___ Body Composition Analysis	___ Herbal Remedies	___ Pre-employment Physicals
___ Bone Density Testing	___ Impairment Ratings	___ Second Opinion
___ Bracing/Casting	___ Kinesio Taping	___ Weight Loss
___ Computerized Muscle Tests	___ N.A.E.T Allergy Elimination	___ Wellness Program
___ Consultation/Evaluation	___ Nerve Conduction Study	___ Work-Hardening Program
___ FMG Needle Electromyography	___ Nutritional Counseling	___ X-Ray on site
___ Fitness Center	_____	

Billing Program _____ Documentation Program _____
Do you accept Medicaid? yes no **Medicare? yes no Personal Injury Cases? yes no**
AK Workers' Compensation Cases? yes no Federal WC cases? yes no
Do you speak any languages (other than English) fluently? _____
Any advanced certifications? _____

Information from this profile will be posted online @ www.akchiro.org under the "Find a Chiropractor" tab. In order to have your information listed, you must be an ACS member.

Please FAX your completed form to 907-770-3790

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