



**CHIROPRACTIC MASTERS**  
INTERNATIONAL

## PRACTICE DESIGN LAYOUT ORDER FORM

Doctor's Name(s): \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/ Prov.: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Investment: \$497.00 + Tax Credit Card: \_\_\_\_\_ EXP. \_\_\_\_\_

\* MINIMUM OR 1, MAXIMUM OF 2 DESIGNS PROVIDED

\*\* THE OFFICE LAYOUT IS DESIGNED AS PER YOUR SPECIFICATIONS TO MAXIMIZE EFFICIENCY AND FLOW. IT IS YOUR PREROGATIVE TO USE THIS DESIGN OR YOUR OWN. YOU HAVE THE RIGHT TO CHOOSE A SECOND OPTION BUT WILL BE RESPONSIBLE FOR PAYMENT REGARDLESS IF OUR DESIGNS, OR YOURS ARE IMPLEMENTED.

# PLEASE FILL OUT EACH OPTION:

## STEP 1

RENT / OWN (CIRCLE ONE)

SQUARE FOOTAGE (I.E. 1200 SQ. FEET) \_\_\_\_\_

DIMENSIONS: IN FEET (I.E. 30FT X 40FT) \_\_\_\_\_

SUPPORTING STRUCTURES YES/NO /NUMBER \_\_\_\_\_

LOCATION OF RUFFAGE (SEWAGE) \_\_\_\_\_

WINDOWS (LOCATION AND NUMBER) \_\_\_\_\_

DOORS (LOCATION AND NUMBER) \_\_\_\_\_

LOCATION OF EXISTING WATER TANK/FURNACE \_\_\_\_\_

## STEP 2

**YOUR SPECIFICATION / NEEDS: (PLEASE CHECK ALL THAT APPLY)**

# OF ADJUSTMENT BAYS - 1 T-BAR/ 2 T-BAR (CIRCLE ONE), OTHER \_\_\_\_\_

EXAM ROOMS

X-RAY

DOCTORS OFFICE

FRONT DESK

ADMIN ROOM

PUBLIC RELATIONS ROOM

ANCILLARY SERVICE (MASSAGE/NATUROPATH/ACUPUNCTURE)

RECEPTION ROOM/HOT SEAT

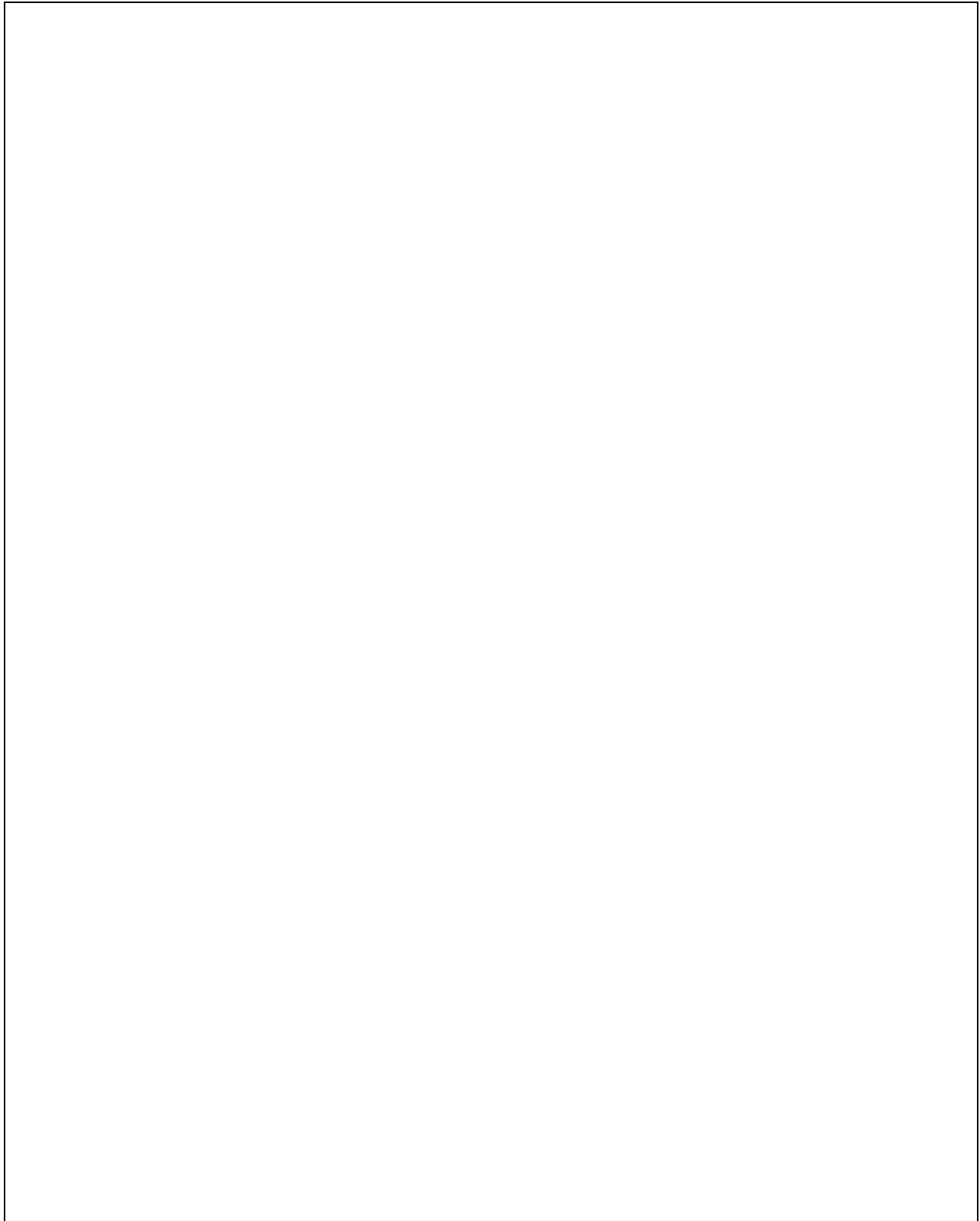
WASHROOMS (NUMBER OF WASHROOMS: \_\_\_\_\_) WHEELCHAIR ACCESSIBLE \_\_\_\_\_

STORAGE

LUNCH ROOM

OTHER \_\_\_\_\_

PLEASE SUBMIT A DRAWING OF YOUR PRACTICE (PLEASE SPECIFY IS THIS IS EXISTING OR NEW) LOCATION WITH DIMENSIONS (FEET), WINDOWS, RUFFAGE AND SUPPORTING STRUCTURES INCLUDED:



CHIROPRACTIC MASTERS INTERNATIONAL 812 PETRA PRIVATE OTTAWA, ON K2G 0G3  
[WWW.CHIROPRACTIC-MASTERS.COM](http://WWW.CHIROPRACTIC-MASTERS.COM) CALL US TOLL FREE 1-800-781-8127