



**Company Name**

The Joint Chiropractic

**City**

Gainesville

**State**

FL

**Contact Name (First and Last)**

Dr. Joel Manion

**Email**

[clinic27107@thejoint.com](mailto:clinic27107@thejoint.com)

**Phone**

(352) 290-6908

**Website**

<https://www.thejoint.com/florida/gainesville/gainesville-archer-road-27107>

**Do you have a UF Supplier ID?**

No

**Is the owner a UF alum?**

Yes

**General Description of Services**

- Education and Training Services