



PMS ID: Sex: Phone: MRN: DOB: 113132PAT000176972 Male 05/10/1996 (973) 303-0194 MM0000021915

## **Medications**

Singulair 10 mg Oral - tablet

### **Medical History**

### **Social History**

Smoking status - Unspecified

#### Vitals:

Date	Taken By	B.P.	Pulse	Resp.	O2 Sat.	Temp.	Ht.	Wt.	вмі	BSA
05/01/24 16:03	Zarate, Michael						72.0 in	260.0 lbs	35.3	2.4
	FiO2									

<sup>\*</sup> Patient Reported

# Impression/Plan:

### **Low Back Pain**

Vertebrogenic low back pain (M54.51) located on the lumbar spine.

## Plan: PT Rx - Lumbar Spine.

Indication: Low Back Pain - lumbar spine - M54.51 Protocol: evaluate and treat per diagnosis/objective exam Recommend frequency of 2-3 times per week for 4 weeks

- Therapeutic Exercises: All exercises prn per therapist.
- NARY Manual Therapy: All manual therapy prn per therapist.
  Modalities: All modalities prn per therapist.

Provider: Jay S Reidler

Priority: normal

Time frame: 4 week(s)

### Staff:

Jay S Reidler (Primary Provider) (Bill Under)

Michael Zarate



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