

Hudson Valley Chiropractic Health Services, P.C.
108 Kenilworth Pl.
Brooklyn, NY 11210

Last Name: Batani First Name: Genald D.O.A. _____

Date: 11/17/23

Subjective: ☐ Headaches ☒ Neck Pain ☐ Upper/Mid Back ☒ Low Back Pain

Other: _____ 99203 Initial ☐ 3-4 Regions

Objective: Cervical/Thoracic/Lumber/Sacral/Pelvic ☒ Myo Spasm ☒ Tenderness ☒ Trigger Point ☒ Sublux.

Assessment: ☒ Same ☐ Slightly Better ☐ Much Better ☐ Worse ☐ New Condition

Plan/Treatment: 98940 CMT ☐ 1-2 Regions 98941 ☐ 3-4 Regions 97112 ☐ Stretching 97110 ☐ Electric Stim
97014 ☐ Trigger Pt 97139 ☐ Other _____ Therapy _____ Traction _____ Activator _____ Myofascial Release _____ F/D

Comments: _____

Cavitation: ☒ Yes ☐ No Partial (With) Pain ☒ Yes ☐ No

Patient's Signature: X [Signature] DC. Signature: [Signature]

Date: 11/27/23

Subjective: ☐ Headaches ☐ Neck Pain ☐ Upper/Mid Back ☒ Low Back Pain

Other: _____ 99203 Initial ☐ 3-4 Regions

Objective: Cervical/Thoracic/Lumber/Sacral/Pelvic ☒ Myo Spasm ☒ Tenderness ☒ Trigger Point ☒ Sublux.

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Patient's Signature: X [Signature] DC. Signature: [Signature]

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