

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

Last Name: Alexis First Name: Christopher D.O.A. _____

Date: 7/10/23

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

Other: _____

Objective: Cervical/Thoracic/Lumber/Sacral/Pelvic ☒ Myo Spasm ☒ Tenderness ☒ Trigger Point ☒ Sublux.
Assessment: Same Slightly Better Much Better Worse New Condition

Plan/Treatment CMT: 98941(☒ 3-4 Regions 99203() Initial visit 97112() Stretching 97110 () Electric Stim 97014
() ☐ Trigger Pt Therapy ☐ Traction ☐ Activator ☐ Myofascial Release ☐ F/D

Comments: _____

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

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

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