Huds Valley Chiropractic Health Servi P.C. 108 Kenilworth Pl. Brooklyn, NY 11210

Last Name:	First Name	D.O.A
Date: Neck Pain Subjective: [] Headaches Neck Pain	[]Upper/Mid Back_{]Low Back	Pain
Other:		
Objective: Cervical/Thoracic/Lumber/Sacral/Pelvic_Myo Spasm_Tenderness_ <u>Trigger</u> Point_ <u>Sublux.</u> Assessment: Same Slightly Better Much Better Worse New Condition		
Plan/Treatment CMT: 98941 () 74 Regions 99203 () Initial visit 97112 () Stretching 97110 () Electric Stim 9701 ()Trigger Pt TherapyTractionActivatorMyofascial ReleaseF/D		
Comments:		
Cavitation:YesNo Partial (With) Pair Patient's Signature: X Hex is	n_Yes_No DC. Signature:	· Anter
Date: 100 V3 Subjective: [] Headaches [] Neck Pain	Upper/Mid Back 1 Low Back	Pain
Other:		
Objective: Cervical/Thoracic/Lumber/Sacral/Pelvic_Myo Spasm_Tenderness_Trigger PointSublux. Assessment: Same Slightly Better Much Better Worse New Condition		
Plan/Treatment CMT: 98941 () 3-4 Regions 99203 () Initial visit 97112 () Stretching 97110 () Electric Stim 9701 ()Trigger Pt TherapyTractionActivatorMyofascial ReleaseF/D		
Comments:	· · · · · · · · · · · · · · · · · · ·	
Cavitation: Yes_No Partial (With) Pain_Yes_No		
Patient's Signature: X _ C Alex	DC. Signature:	yor one
Date: 10 13 Subjective: [] Headaches [] Neck Pain	[] 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 Regions 99203 () Initial visit 97112 () Stretching 97110 () Electric Stim 9701 ()Trigger Pt TherapyTractionActivatorMyofascial ReleaseF/D		
Comments:		
Cavitation: Yes_No Partial (With) Pain_Yes_No		
Patient's Signature: X Charis	DC. Signature:	HPC