

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

Last Name: Banks First Name: Aaliya D.O.A. _____

Date: 9/25/23

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
9701 ☒ Trigger Pt Therapy ☒ Traction ☒ Activator ☒ Myofascial Release ☒ F/D

Comments: _____

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

Patient's Signature: X [Signature]

DC. Signature: [Signature]

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