

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

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

Date: 9/11/23

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 C Alexis DC. Signature: Dr. Ryan

Date: 10/12/23

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