

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

Last Name: Alent First Name: Janelle D.O.A. _____

Date: 7/20/23

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

Other: _____

Objective: ~~Cervical/Thoracic/Lumbar/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 Janelle Alent DC Signature: [Signature]

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