

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

Last Name: Balan First Name: Gerald D.O.A. _____

Date: 11/6/23

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]

Date: 11/10/23

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

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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]

Date: 11/13/23

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

Other: _____

Objective: ~~Cervical~~/Thoracic/Lumber/Sacral/Pelvic ~~Myo Spasm~~ ~~Tenderness~~ ~~Trigger Point~~ ~~Sublux.~~

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