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

Last Name: Banks First Name HH I Ual D.O.A
Date 9 25 23
Subjective: [] Headaches [] Neck Pain [] pper/Mid Back [] Inw Rack Pain Rack
Other:
Objective: Cervical/Thorpaic/Lumber/Sacral/Pelvic Myo Spasm Tenderness Trigger Point Sublux. Assessment: Same Sightly Better Much Better Worse New Condition
Plan/Treatment CMT: 98941 () 3-4 Regions 99203 () Initial visit 97112 () Stretching 97110 () Electric Stim 9701 ()Trigger Pt ThetapyTractionActivator_Myofascial Release _ F/D
Comments:
Cavitation: Yes No Partial (With) Pain Yes No Parism's Signature: X A La Vic BC. Signature: Callad Balk
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Date: 10:1623
Subjective: [] Headaches [] Neck Pain [Lopper/Mid Back [] Low Back Pain
Other:
Objective: Cervical/Thoracic/Lumber/Sacral/Pelvic_Myo Spasm_Fenderness_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 TherapyTractionActivatorMyofascial Release _ F/D
Comments:
Cavitation: Yes_No Partial (With) Pain Yes_No Patient's Signature: X Object Box DC. Signature:
Patient's Signature: X Carry DC. Signature: Carry DC. Signature:
Duran.
Date:
Other:
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Comments:
Cavitation:YesNo Partial (With) PainYesNo
Patient's Signature: X DC. Signature: