## Hud Valley Chiropractic Health Serve P.C. 108 Kenilworth Pl. Brooklyn, NY 11210

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name: ALEM First Name Onelle D.O.A                                                                                                                                    |
| Date: 4 V V Subjective: [1] Headaches [1] Neck Pain [1] Upper/Mid Back [1] Low Back Pain                                                                                   |
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| 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 TherapyTractionActivatorMyofascial ReleaseF/D |
| Comments:                                                                                                                                                                  |
| Cavitation: Yes No Partial (With) Pain es No                                                                                                                               |
| Patient's Signature: X DC. Signature:                                                                                                                                      |
|                                                                                                                                                                            |
| Date: 10-2-3 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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| Comments:                                                                                                                                                                  |
| Cavitation:YesNo Partial (With) PainYesNo                                                                                                                                  |
| Patient's Signature: DC. Signature:                                                                                                                                        |
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| Date O O O O O O O O O O O O O O O O O O O                                                                                                                                 |
| Other:                                                                                                                                                                     |
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| Comments:                                                                                                                                                                  |
| Cavitation:YesNo Partial (With) PaihYesNo                                                                                                                                  |
| Cavitation:                                                                                                                                                                |
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