## Hudse Valley Chiropractic Health Servic P.C. 108 Kenilworth Pl. Brooklyn, NY 11210

Last Name; Aleur First Name Orelle D.O.A
Date 1/1/2 Subjective: [] Headaches [] Neck Pain [] Upper/Mid Back [] Low Back Pain
Subjective: [ ] Headaches [2] Neck Palli [ ] Deplettivite back [ 2] Low back Falli
Other:
Objective: Cervical/Thoracic/Lumber/Sacral/Pelvic_Myo Spasm_Tenderness_Trigger PointSublux. 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_Yes_No Patient's Signature: X Don't DC. Signature:
Patient's Signatule: X J JON VII VIIV DC. Signature:
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Other:
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Comments:
Cavitation:YesNo Partial (With) Pain fresNo
Patient's Signature: X Aprillo (With) Fainty Tes_No  DC. Signature:
0/2/20
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