

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

Last Name: Banks First Name: AAhijal D.O.A. _____

Date: 9/25/23
Subjective: ☐ Headaches ☒ Neck Pain ☒ Upper/Mid Back ☒ Low Back Pain Recker
98

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
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: 10/16/23
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