

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

Last Name: Alexis First Name: Christopher D.O.A. _____

Date: 7/10/23

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

Plan/Treatment CMT: 98941(X) 3-4 Regions 99203() Initial visit 97112() Stretching 97110() Electric Stim 97014
() Trigger Pt Therapy Traction Activator Myofascial Release F/D

Comments: _____

Cavitation: Yes No Partial (With) Pain Yes No

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

Date: 7/31/23

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Date: 8/7/23

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