

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

Last Name: Alent First Name: Jonelle D.O.A. \_\_\_\_\_

Date: 12/8/23

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 ☒ 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 Jonelle Alent DC. Signature: [Signature]

Date: 12/15/23

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