

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

Last Name: Alcant First Name: Donelle D.O.A. \_\_\_\_\_

Date: 8/7/23

Subjective: ☐ Headaches ☒ Neck Pain ☐ Upper/Mid Back ☒ Low Back Pain

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 Donelle Alcant DC. Signature: Dr. Ref. PC.

Date: 8/14/23

Subjective: ☐ Headaches ☒ Neck Pain ☐ Upper/Mid Back ☒ Low Back Pain

Other: \_\_\_\_\_

Objective: Cervical/Thoracic/Lumbar/Sacral/Pelvic Myo Spasm Tenderness Trigger Point Sublux.

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Comments: \_\_\_\_\_

Cavitation: ☒ Yes ☐ No Partial (With) Pain ☐ Yes ☐ No

Patient's Signature: X Donelle Alcant DC. Signature: Dr. Ref. PC.

Date: 8/21/23

Subjective: ☐ Headaches ☒ Neck Pain ☐ Upper/Mid Back ☒ Low Back Pain

Other: \_\_\_\_\_

Objective: Cervical/Thoracic/Lumbar/Sacral/Pelvic Myo Spasm Tenderness Trigger Point Sublux.

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Patient's Signature: X Donelle Alcant DC. Signature: Dr. Ref. PC.