	CPT CODE	OFFICE VISIT	FEE		CPT CODE	DESCRIPTION	FEE
	99201	New Patient , problem-focused			72010	X-Ray, Spine entire, AP & Lat	
	99202	New Patient, expanded problem			72040	X-Ray, Cervical, AP & Lat	
	99203	New Patient, detailed			72070	X-Ray, Thoracic, AP & Lat	
	99204	New Patient, comprehensive			72100	X-Ray, Lumbar,AP & Lat	
	99205	New Patient, comprehensive 2					
	99211	Est. Patient, minimal service					
	99212	Est. Patient, problem-focused					
	99213	Est. Patient, expanded problem			97010	Hot or cold packs	
	99214	Est. Patient, detailed			97012	Mechanical traction	
	99215	Est. Patient, comprehensive					
	98940	CMT, 1-2 areas					
	98941	CMT, 3-4 areas			99070	Supplements	
	98942	CMT, 5 areas					
	98943	CMT, extraspinal					

Subjective:
1)_____
2)_____
3)_____

Pain Levels
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10
0 1 2 3 4 5 6 7 8 9 10

Aggravations:

Objective:	Rotation	Flexion	Extension	Derifield Leg Check
ROM - Cervical	❑ Normal ❑ R↑ ❑ R↓ ❑ L↑ ❑ L↓	❑ ↑ ❑ ↓	❑ ↑ ❑ ↓	❑ Short Right
ROM - Lumbar	❑ Normal ❑ R↑ ❑ R↓ ❑ L↑ ❑ L↓	❑ ↑ ❑ ↓	❑ ↑ ❑ ↓	❑ Short Left

Assessment: ❑ Progress as Expected ❑ Slower ❑ Faster ❑ Maximum Improvement
Improvement made: 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Comments:

TX:	Sp	Fix	Pain	R	L	A	P	I	S
C1	❑	❑	❑	❑	❑	❑	❑	❑	❑
C2	❑	❑	❑	❑	❑	❑	❑	❑	❑
C3	❑	❑	❑	❑	❑	❑	❑	❑	❑
C4	❑	❑	❑	❑	❑	❑	❑	❑	❑
C5	❑	❑	❑	❑	❑	❑	❑	❑	❑
C6	❑	❑	❑	❑	❑	❑	❑	❑	❑
C7	❑	❑	❑	❑	❑	❑	❑	❑	❑

	Sp	Fix	Pain	R	L	A	P	I	S
T1	❑	❑	❑	❑	❑	❑	❑	❑	❑
T2	❑	❑	❑	❑	❑	❑	❑	❑	❑
T3	❑	❑	❑	❑	❑	❑	❑	❑	❑
T4	❑	❑	❑	❑	❑	❑	❑	❑	❑
T5	❑	❑	❑	❑	❑	❑	❑	❑	❑
T6	❑	❑	❑	❑	❑	❑	❑	❑	❑
T7	❑	❑	❑	❑	❑	❑	❑	❑	❑
T8	❑	❑	❑	❑	❑	❑	❑	❑	❑
T9	❑	❑	❑	❑	❑	❑	❑	❑	❑
T10	❑	❑	❑	❑	❑	❑	❑	❑	❑
T11	❑	❑	❑	❑	❑	❑	❑	❑	❑
T12	❑	❑	❑	❑	❑	❑	❑	❑	❑

	Sp	Fix	Pain	R	L	A	P	I	S
L1	❑	❑	❑	❑	❑	❑	❑	❑	❑
L2	❑	❑	❑	❑	❑	❑	❑	❑	❑
L3	❑	❑	❑	❑	❑	❑	❑	❑	❑
L4	❑	❑	❑	❑	❑	❑	❑	❑	❑
L5	❑	❑	❑	❑	❑	❑	❑	❑	❑
PELVIS	❑	❑	❑	❑	❑	❑	❑	❑	❑
SACRUM	❑	❑	❑	❑	❑	❑	❑	❑	❑
COCCYX	❑	❑	❑	❑	❑	❑	❑	❑	❑

Plan:

- ❑ Continue with current corrective treatment
- ❑ Change frequency of visits
- ❑ Addition to treatment plan
- ❑ Remove from treatment plan
- ❑ Move from corrective to maintenance care
- ❑ Release from care, max improvement
- ❑ Discontinue care, patient's choice

❑ Adjustment ❑ Traction ❑ Moist Heat ❑ Ice ❑ Ultrasound ❑ Diathermy
❑ Myofascial Release ❑ Electrotherapy ❑ Cervical collar ❑ Lumbar support

❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 days/week
For ❑ 1 ❑ 2 ❑ 3 weeks ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 6+ months
❑ PRN

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