

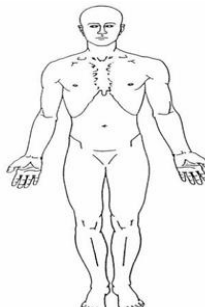
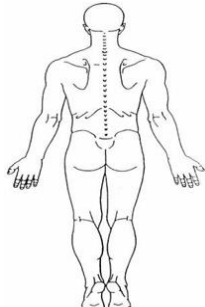


Patient Name:

Date:

Case Type:

Authorized Visits Remaining:	
Chiropractic:	Massage:

DC Services		CPT Code		LMT/HC Services		CPT Code		PT Services		CPT Code							
NP Focused Exam		99201		Massage Units:		97124		PT Evaluation		97001							
NP Expanded Exam		99202		1 2 3 4 5 6 7 8				PT Re-Evaluation		97002							
NP Detailed		99203		Hot Stone Units:		97124		Ther/Ex. 1 2 3 4 5 6 7 8		97110							
NP Comprehensive Moderate		99204		1 2 3 4 5 6				ADL Training 1 2 3 4		97535							
NP Comprehensive High		99205		Ashiatsu Units:		97124		Therapeutic Activity 1 2 3 4		97530							
No Charge Office Visit		A0000		1 2 3 4 5 6				Supplies / Supplements Recommended:									
Office Visit Brief Service		99211						Fish Oil	Vitamin D	Zymain							
Extra Time > 30 min		99354		Health Coach Initial		97802		Bio-inflammatory	Magnesium								
Focused Exam		99212		Health Coach Visit		97803		BIO-FREEZE ROLL ON									
Expanded Exam		99213						Ice/Hot Pack	TENS Unit								
Detailed Exam		99214		DMX Views: _____													
Additional Procedure		Modifier 22		Static X-ray Views: _____													
								Myofacial Release Stick		99090							
Sports / School Physical		99201						Nerve Stim Brush		99090							
DOT Physical		99455						Rebuilder Unit		99090							
				Infrared Diode Therapy		97026		L-Arginine Supplement									
Spinal Manipulation 1-2		98940		Neuropathy Adjustment		98943											
Spinal Manipulation 3-4		98941		Vibration Therapy													
Spinal Manipulation 5		98942						Denner Roll		99090							
Extremity Manipulation		98943															
				Clinic Membership													
Decompression		S9090															
Manual Therapy 1 2 3 4		97140															
Epley Procedure		95992															
Muscle Testing Hand		95834															
Ultrasound 1 2 3 4		97035															
EMS Unattended		97014															
Traction		97012															
Hot / Cold 1 2 3 4		97010															
EMS – Attended 1 2 3 4		97032															
Laser Therapy		97039															
Spinal Manipulation 1-2		98940															
Spinal Manipulation 3-4		98941															
Spinal Manipulation 5		98942															
Additional Purchases/Notes/Comments:								Return Appointment									
* * * * *								Croft Guidelines I II III IV									
								Re-Exam at Next Visit									
								Beginning of Week		Mid-Week		End of Week					
								Mon	Tue	Wed	Thurs	Fri	Sat	Sun			
								1X		2X		3X		4X		5X	
								Day		Week		Month					
								1	2	3	4	5	6				
								Days		Weeks		Months					
								Schedule with _____ for _____ # of visits.									
								Schedule with _____ for _____ # of visits.									
PRN				As Scheduled													
<div style="display: flex; justify-content: space-around;">   </div>																	
Payment Amount:		Payment Type:		Cash		Check		Credit Card		Employee Initials:							
		Care Credit		Gift Certificate		Other _____											