Name _____ Recommended Care _____

Date	A	B	C	D	PT	T	G	Comments & Services Performed
10								
20								
30								
40								
50								
60								

- ☐ DIET
- ☐ VITAMINS
- ☐ EXERCISE
- ☐ FOOT LEVELERS
- ☐ HEEL LIFTS
- ☐ WEDGE

- ☐ LUMBAR SUPPORT
- ☐ C. PILLOW
- ☐ C. COLLAR
- ☐ ICE ☐ HEAT
- ☐ MM STIM.
- ☐ ULTRASOUND

A - Cervical Adjustment
B - Thoracic Adjustment
C - Lumbar Adjustment
D - Pelvic Adjustment

PT - Therapy
T - Traction
G - Re - Exams

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SAMPLE