



PATIENT NAME: _____

INSURANCE: _____

CHART #: _____

VISITS APPROVED: _____

BODY PARTS: _____

EXPIRATION DATE: _____

DATE	PATIENT SIG.	CHIROPRACTIC CARE
		M1-98940__ M2-98941__ M3-98942__ M4-98943__ McKenzie-97530 () Self Care ADL 97535 () NR-97112 () TE-97110 () MTh-97140 () TMT -97124 () US-97035 __ MTr-97012 __ ES-G0283 __ OTHER: E/M: -25
		M1-98940__ M2-98941__ M3-98942__ M4-98943__ McKenzie-97530 () Self Care ADL 97535 () NR-97112 () TE-97110 () MTh-97140 () TMT -97124 () US-97035 __ MTr-97012 __ ES-G0283 __ OTHER: E/M: -25
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M1-98940 (CMT): 1-2 Spinal Regions; M2-98941 (CMT): 3-4 Spinal Regions; M3-98942 (CMT): 5 Spinal Regions; M4-98943 (CMT) 1 or More Extra Spinal Regions