

SOCRATES AI

MEDICAL RECORDS REPORT



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Record Profile

The following Socrates Medical Report is produced exclusively for [REDACTED]

Claimant Information	
Claimant Name	[REDACTED]
Gender	Not Provided
DOB	Unknown
Age	Unknown
Claimant Address	[REDACTED]
Claim Details	
Claim Type	[REDACTED]
Claim Number	[REDACTED]
Date of Loss/Accident	[REDACTED]
Insured/Employer	[REDACTED]

Disclaimer

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Please note that certain pages of this document might contain three red asterisks. Please review, as these pages might be for a different claimant or injured party.

Medical Treatment Chronology

The medical treatment chronology and summary serve solely as a reference and are not incorporated into the IME report creation.

DOS	Type of Service	Treating Provider	Page No
09/11/2025	Visit Summary	[REDACTED]	<u>P 1-3</u>
09/11/2025	Visit Summary	[REDACTED]	<u>P 4-6</u>
09/12/2025	Visit Summary	[REDACTED]	<u>P 7-9</u>
10/07/2025	Visit Summary	[REDACTED]	<u>P 10-25</u>
10/14/2025	Visit Summary	[REDACTED]	<u>P 26-27</u>

Extracted Medical Treatment Notations

The medical treatment chronology and summary serve solely as a reference and are not incorporated into the IME report creation.

Date: 09/11/2025 Page Number: P 1-3

Notations:

Patient presented after a motor vehicle accident with complaints of upper back pain and neck pain. Physical examination was unremarkable except for reported pain, leading to a diagnosis of motor vehicle accident, neck pain, and upper back pain. Treatment plan includes Methocarbamol, Acetaminophen, and Diclofenac Sodium Gel. Imaging studies recommended for thoracic spine and neck. Provider determined the patient suffered an Emergency Medical Condition due to the accident. Patient advised to take it easy, use ice packs on sore areas, take pain medicines as directed, not to drive after taking prescription pain medicine, avoid activities worsening pain, and not to drink alcohol. Instructions on when to call for help if experiencing specific symptoms. Follow-up visit and billing information provided. X-Ray procedure performed.

Date: 09/11/2025 Page Number: P 4-6

Notations:

Patient [REDACTED] was involved in a motor vehicle accident resulting in mild upper back and cervical pain, with a pain scale of 6/10. Patient denies various symptoms across different body systems. Exam findings include normal vitals, skin, HEENT, neck, lungs, heart, abdomen, and extremities. The patient was seen after a motor vehicle accident with upper back pain and neck pain. Diagnoses include motor vehicle accident, neck pain, and upper back pain. Treatment includes Methocarbamol tablets, Acetaminophen capsules, and Diclofenac Sodium gel. Imaging ordered for the thoracic spine, neck, and upper back pain. Patient had a thoracic X-ray (72072 UC X-Ray: Thoracic 2-3 Views) ordered by [REDACTED] due to lack of improvement in expected condition.

Date: 09/12/2025 Page Number: P 7-9

Notations:

Patient [REDACTED] consulted [REDACTED] on 9/12/25 after a motor vehicle accident on 9/10/25. He presented with neck, mid-back, and low back pain, with positive orthopedic tests and decreased range of motion in the cervical, thoracic, and lumbosacral spine. Diagnosed with sprains/strains, muscle spasms, and injuries due to the accident. Treatment involves ice, hot packs, electric stimulation, ultrasound, manual therapy, mechanical traction, and chiropractic adjustments to address the patient's complaints. Further treatment length is undetermined, with a recommendation for regular treatment over

the next 3-4 months to prevent future health issues. The patient will be re-evaluated in approximately 4 weeks to assess treatment efficacy.

Date: 10/07/2025 **Page Number:** P 10-25

Notations:

Patient received chiropractic care for various musculoskeletal issues including neck, upper back, and shoulder pain. The treatment plan aimed to reduce inflammation, muscle spasm, and pain, increase range of motion, strength, and work capacity. Modalities included spinal adjustments, therapeutic exercises, and modalities like massage and traction. Treatment includes therapeutic phases to reduce inflammation, muscle spasm, and pain, repair and increase pain-free range of motion, and increase coordination and strength. Spinal adjustments in multiple areas with manual method used. Modality procedures like massages and therapeutic exercises are involved. Treatment goals include reducing symptoms, increasing functional capacity, and returning to normal activities of daily living. Therapeutic phases aim to address acute inflammation, reduce inflammation, muscle spasm, and pain, followed by repair, remobilization, and finally remodeling with a focus on increasing coordination, strength, endurance, and work capacity. Modalities and procedures involve spinal adjustments, therapeutic exercises, x-rays, and the use of supplies like cold packs and cervical collars. Diagnoses include Cervical Sprain/Strain, Lumbar Sprain/Strain, Thoracic Sprain/Strain, Left Shoulder Sprain/Strain, Muscle Spasm, and Injury due to Motor Vehicle Accident. Treatment involves chiropractic adjustments, mechanical traction, manual therapy, electrical stimulation, heat, and therapeutic exercises. Patient to avoid activities that may aggravate the condition, scheduled for re-evaluation in 4 weeks to assess progress and determine future care. Treatment goals focus on reducing symptoms and improving functional capacity. Modalities include spinal adjustments, therapeutic phases, modalities & procedures, and X-rays. Treatment plan includes three therapeutic phases to address acute inflammation, repair, remobilization, and remodeling. Spinal adjustment performed with modalities such as hot/cold therapy, massage, and therapeutic exercises. Assessment options range from no change to substantial improvement.

Date: 10/14/2025 **Page Number:** P 26-27

Notations:

Patient received chiropractic care at [REDACTED] with treatment goals to reduce symptoms and increase functional capacity. The initial assessment noted positive orthopedic tests in the cervical, thoracic, and lumbosacral spine, with decreased range of motion and tenderness in various areas. Modalities and procedures included spinal adjustments, modalities, and therapeutic exercises.

Date: **Page Number:** P 28-29

Notations:

See Page

Lexicon

Keyword	Page Number
Gait	20 , 27
Impairment	1 , 5
MMI	10 , 11 , 12 , 13 , 14 , 15 , 16 , 17 , 18 , 19 , 22 , 23 , 24 , 25 , 26
Medications	1 , 5
Objective	1 , 5 , 9 , 11 , 13 , 14 , 16 , 22 , 24
Prognosis	9 , 28
Range of Motion	8 , 20 , 27
Restrictions	21
Traumatic	1 , 5
Treatment	1 , 2 , 5 , 6 , 7 , 9 , 10 , 11 , 12 , 13 , 14 , 15 , 16 , 17 , 18 , 19 , 21 , 22 , 23 , 24 , 25 , 26
Ultrasound	9
Work Capacity	10 , 11 , 12 , 13 , 14 , 15 , 16 , 17 , 18 , 19 , 22 , 23 , 24 , 25 , 26
X-Ray	1 , 2 , 5 , 6 , 28

DOS: 09/11/2025

EMC

CLAIM #

F8T1568

Social History: Tobacco Use: denies tobacco use. Alcohol: denies alcohol use. Social History Verified.

Medications: Taking Tylenol , Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A. Allergies Verified.

Objective:

Vitals:

Initials: PH, BP sitting: **139/84**, RR: **17** /min, Oxygen sat %: **99**, Pulse sitting: **98**, Temp: **98.1** F, Wt: **136** lbs, Ht-In: 68 in, BMI: **20.68** Index, Pain scale: **6** 1-10.

Examination:

Physical Examination:

GENERAL APPEARANCE: NAD, pleasant , cooperative.

SKIN: normal, no rash.

HEENT: Head - NC, PERRLA, EOMI, EARS:, tympanic membranes normal bil, NOSE:, nose clear, turbinates normal, no sinus tenderness, Mouth: Oropharynx clear with MMM, pharynx and tonsils normal.

Face: no trauma visible, no swelling or bleeding, no ecchymoses.

NECK: supple, no lymphadenopathy, no JVD, no carotid bruit.

Lungs: clear to auscultation bilaterally, no wheezes/rhonchi/rales.

HEART: no murmurs, regular rate and rhythm.

CHEST/LUNG: normal shape and expansion , no tenderness on chest wall.

ABDOMEN: soft, NT/ND, BS present.

EXTREMITIES: no clubbing, no edema.

BACK: no pain to palpation on paraspinal muscles, no limited or painful ROM.

MUSCULOSKELETAL:

Patient reports upper back pain and neck pain.

Assessment:

Assessment:

1. Motor vehicle accident, initial encounter - V89.2XXA (Primary)
2. Neck pain - M54.2
3. Upper back pain - M54.9
4. Body mass index (BMI) 20.0-20.9, adult - Z68.20

Plan:

Treatment:

1. Motor vehicle accident, Initial encounter

Start Methocarbamol Tablet, 750 MG, 1 tablet, Orally, twice a day, 7 days, 14 Tablet, Refills 0 ; Start Acetaminophen Capsule, 500 MG, 1 capsule as needed, Orally, every 6 hrs, 7 days, 28 Capsule, Refills 0 ; Start Diclofenac Sodium Gel, 1 %, as directed, Externally, twice a day, 10 days, 1 Pack, Refills 0 .

Imaging: UC X-Ray : Thoracic Spine 2-3 Views

Notes: Based on my education, it is my medical opinion that this patient suffered an Emergency Medical Condition, as defined by the Florida Statute. This patient has an Emergency Medical Condition as a result of the injuries sustained in an automobile accident that occurred on the injury date in reference. The basis for the finding of an Emergency Medical Condition is that the patient has sustained acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following: a) serious jeopardy to patient health; b) serious impairment to bodily functions; or c) serious dysfunction of a bodily organ or part. It is my medical opinion the post-traumatic diagnoses are causally related to the accident that occurred on the said date.

Date: 09/11/2025

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2. Neck pain

Imaging: X ray : Neck

3. Upper back pain

Imaging: UC X-Ray : Thoracic Spine 2-3 Views

4. Others

Notes:

OverviewYou were seen by a doctor after a motor vehicle accident. Because of the accident, you may be sore for several days. Over the next few days, you may hurt more than you did just after the accident. The doctor has checked you carefully, but problems can develop later. If you notice any problems or new symptoms, **get medical treatment right away.**

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Keep track of any new symptoms or changes in your symptoms.
- Take it easy for the next few days, or longer if you are not feeling well. Do not try to do too much.
- Put ice or a cold pack on any sore areas for 10 to 20 minutes at a time to stop swelling. Put a thin cloth between the ice pack and your skin. Do this several times a day for the first 2 days.
- Be safe with medicines. Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
- Do not drive after taking a prescription pain medicine.
- Do not do anything that makes the pain worse.
- Do not drink any alcohol for 24 hours or until your doctor tells you it is okay.

When should you call for help?

Call 911 if:

- You passed out (lost consciousness).

Call your doctor now or seek immediate medical care if:

- You have new or worse belly pain.
- You have new or worse trouble breathing.
- You have new or worse head pain.
- You have new pain, or your pain gets worse.
- You have new symptoms, such as numbness or vomiting.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You are not getting better as expected.

Follow Up: pm

Billing Information:

Visit Code:

99204 Office Visit, New Pt., Level 4.

Procedure Codes:

72072 UC X-Ray : Thoracic 2-3 Views.

Date: 09/11/2025

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Date: 09/11/2025

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9/15/25, 11:32 AM

eCW [REDACTED])

[REDACTED]

[REDACTED]

[REDACTED]

Date: 09/11/2025

Structured Data: HIPAA Consent Signed? : 09-2025; Consent to receive voicemail/text messages? : YES

Subjective:

Chief Complaints:

1. MVA: (claim # 874063), Date of injury: (09/10/25), Injured Body Part: (NECK, MIDDLE BACK) Action(s) created (Yes)..

HPI:

Motor Vehicle Accident:

Date of Accident: 09/10/2025. Vehicle: patient was a seat-belted. Historian: patient. Position in Vehicle: front, driver. Location of Injuries: back, neck. Severity: mild. Pain Scale: when seen in UC , 6/10. Associated Symptoms: . Restraints: lap/shoulder seatbelt.

Patient was seen in urgent care for evaluation following a motor vehicle accident. He reports pain rated 6/10 localized to the upper back and neck. The pain is primarily in the upper back and cervical region and is aggravated by movement.

ROS:

Constitutional:

Negative for cough, dizziness, fatigue, fever, general malaise, ill contacts, nausea, vomiting, weakness. Positive for acute pain.

HEENT:

Patient denies double vision, ear pressure, sinus congestion, sore throat, trouble swallowing.

ENT:

Patient denies cough, ear pain, fullness in ears, hoarseness, sinus pain, sore throat, tinnitus.

Pulmonology:

Patient denies asthma, chest congestion, cough, general malaise, hemoptysis, shortness of breath, wheezing.

Cardiology:

Patient denies chest pain, cough, diaphoresis, fatigue, leg edema, murmurs, palpitations, shortness of breath.

Gastroenterology:

Patient denies abdominal pain, change in bowel habits, dysphagia, heartburn, nausea, vomiting.

Musculoskeletal:

Patient denies muscle aches, muscle cramping, muscle weakness, sciatica. Patient complaining of See HPI, neck pain, back pain.

Urology:

Patient denies dysuria, flank pain, hematuria, nocturia, urinary frequency, urinary urgency.

Neurology:

Patient denies dizziness, fainting, loss of consciousness, memory loss, weakness.

Medical History:

Kidney disease, Cancer.
Medical History Verified.

Surgical History: Surgical History Verified.

Hospitalization/Major Diagnostic Procedure: Hospitalization Verified.

Family History: No Family History documented. Family History Verified.

Social History: Tobacco Use: denies tobacco use. Alcohol: denies alcohol use.
Social History Verified.

[REDACTED]

Date: 09/11/2025

9/15/25, 11:32 AM

eCW

Medications: Taking Tylenol , Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A. Allergies Verified.

Objective:

Vitals:

Initials: PH, BP sitting: **139/84**, RR: **17** /min, Oxygen sat %: **99**, Pulse sitting: **98**, Temp: **98.1** F, Wt: **136** lbs, Ht-in: 68 in, BMI: **20.68** Index, Pain scale: **6** 1-10.

Examination:

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GENERAL APPEARANCE: NAD, pleasant , cooperative.

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Face: no trauma visible, no swelling or bleeding, no ecchymoses.

NECK: supple, no lymphadenopathy, no JVD, no carotid bruit.

Lungs: clear to auscultation bilaterally, no wheezes/rhonchi/rales.

HEART: no murmurs, regular rate and rhythm.

CHEST/LUNG: normal shape and expansion , no tenderness on chest wall.

ABDOMEN: soft, NT/ND, BS present.

EXTREMITIES: no clubbing, no edema.

BACK: no pain to palpation on paraspinal muscles, no limited or painful ROM.

MUSCULOSKELETAL:

Patient reports upper back pain and neck pain.

Assessment:

Assessment:

1. Motor vehicle accident, initial encounter - V89.2XXA (Primary)
2. Neck pain - M54.2
3. Upper back pain - M54.9
4. Body mass index (BMI) 20.0-20.9, adult - Z68.20

Plan:

Treatment:

1. Motor vehicle accident, initial encounter

Start Methocarbamol Tablet, 750 MG, 1 tablet, Orally, twice a day, 7 days, 14 Tablet, Refills 0 ; Start Acetaminophen Capsule, 500 MG, 1 capsule as needed, Orally, every 6 hrs, 7 days, 28 Capsule, Refills 0 ; Start Diclofenac Sodium Gel, 1 %, as directed, Externally, twice a day, 10 days, 1 Pack, Refills 0 .

Imaging: UC X-Ray : Thoracic Spine 2-3 Views

Notes: Based on my education, it is my medical opinion that this patient suffered an Emergency Medical Condition, as defined by the Florida Statute. This patient has an Emergency Medical Condition as a result of the injuries sustained in an automobile accident that occurred on the injury date in reference. The basis for the finding of an Emergency Medical Condition is that the patient has sustained acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following: a) serious jeopardy to patient health; b) serious impairment to bodily functions; or c) serious dysfunction of a bodily organ or part. It is my medical opinion the post-traumatic diagnoses are causally related to the accident that occurred on the said date.

2. Neck pain

Imaging: X ray : Neck

3. Upper back pain

Imaging: UC X-Ray : Thoracic Spine 2-3 Views

Date: 09/11/2025

9/15/25, 11:32 AM

eC [REDACTED]

4. Others

Notes:

Overview You were seen by a doctor after a motor vehicle accident. Because of the accident, you may be sore for several days. Over the next few days, you may hurt more than you did just after the accident. The doctor has checked you carefully, but problems can develop later. If you notice any problems or new symptoms, **get medical treatment right away.**

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How can you care for yourself at home?

- Keep track of any new symptoms or changes in your symptoms.
- Take it easy for the next few days, or longer if you are not feeling well. Do not try to do too much.
- Put ice or a cold pack on any sore areas for 10 to 20 minutes at a time to stop swelling. Put a thin cloth between the ice pack and your skin. Do this several times a day for the first 2 days.
- Be safe with medicines. Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
- Do not drive after taking a prescription pain medicine.
- Do not do anything that makes the pain worse.
- Do not drink any alcohol for 24 hours or until your doctor tells you it is okay.

When should you call for help?

Call 911 if:

- You passed out (lost consciousness).

Call your doctor now or seek immediate medical care if:

- You have new or worse belly pain.
- You have new or worse trouble breathing.
- You have new or worse head pain.
- You have new pain, or your pain gets worse.
- You have new symptoms, such as numbness or vomiting.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You are not getting better as expected.

Follow Up: prn

Billing Information:

Visit Code:

99204 Office Visit, New Pt., Level 4.

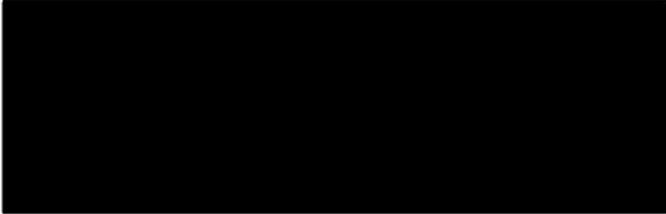
Procedure Codes:

72072 UC X-Ray : Thoracic 2-3 Views.

[REDACTED] **Date:** 09/11/2025



INITIAL CHIROPRACTIC REPORT



INITIAL EXAMINATION:

first consulted me at this office on 9/12/25, for examination and treatment of injuries sustained in the above captioned motor vehicle accident.

HISTORY OF OCCURRENCE:

On September 10, 2025, the patient was the restrained driver of a vehicle, stopped at a red light at when an 18 year old drunk driver hit him at full speed from behind and pushed him into the car in front. He started to feel pain immediately and went home to rest. The following day he sought treatment at

SUBJECTIVE COMPLAINTS:

On the first day consulted, he related that he had neck pain, mid-back pain, and low back pain. Utilizing a Visual Analog Scale of 0-10, with 0 being that a person is pain free and can function quite well, and 10 being that a person is in excruciating pain all the time and cannot function at all, he rated himself a "6/7". The pain is described as sharp. Turning his neck aggravates his pain.

SOCIAL/OCCUPATIONAL HISTORY:

The patient is

PAST HISTORY OF RELATED ACCIDENT OR INJURY: The patient was involved in an automobile accident in He treated for injury to his neck and low back.

PAST MEDICAL HISTORY: History of kidney disease (2021), chicken pox, bronchitis, and Lymphoma (2015).

PAST SURGICAL HISTORY: Kidney biopsy 5/21

REVIEW OF SYSTEMS: Circulatory, Genitourinary, and Gastrointestinal systems are functioning within normal limits.

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Page 2

INITIAL REPORT

PHYSICAL EXAMINATION:

General: The patient is an average framed male who ambulates normally and without hesitation. Peripheral sensation was normal for the cervical and lumbar dermatomes.

Reflex Right	BI 2+	TRI 2+	RAD 2+	PAT 2+	ACH 2+
Reflex Left	BI 2+	TRI 2+	RAD 2+	PAT 2+	ACH 2+

Cervical Spine: Examination of the cervical spine reveals decreased range of motion with pain in extension, flexion, bilateral rotation, and bilateral lateral flexion. The following Orthopedic tests are positive in the cervical spine: Bilateral Lateral Cervical Compression, Neutral Cervical Compression, Bilateral Shoulder Depressor, O'Donahue's, and Distraction.

Motion/Static palpation reveals pain, spasm, and tenderness with digital pressure to the posterior cervical musculature bilaterally.

Thoracic Spine: Examination of the thoracic spine reveals pain, spasm and tenderness in the trapezius and rhomboids bilaterally.

Lumbosacral Spine: Examination of the lumbosacral spine revealed decreased range of motion with pain in flexion and extension. The following Orthopedic tests were positive in the lumbosacral spine: Bilateral Yeoman's, Milgram's, Bilateral Nachlas and Disc Cough. Bilateral Kemp's produces local pain. Bilateral Lasegue's was negative.

Motion/Static palpation revealed pain, tenderness, and spasm with digital pressure to the quadratus lumborum and erector spinae bilaterally.

IMPRESSIONS:

1. Cervical Sprain/Strain
2. Lumbar Sprain/Strain
3. Thoracic Sprain/Strain
4. Muscle Spasm
5. Injury due to Motor Vehicle Accident



Page 3

INITIAL REPORT

PROGNOSIS:

Prognosis is withheld until response to the prescribed treatment regimen can be evaluated.

TREATMENT:

The following therapies will be administered to reduce muscle spasms and tonicity, increase circulation, remove extra-cellular fluid from involved soft tissues, and maintain muscle tone thus preventing atrophy and weakening: Ice, hot packs, electric stimulation, ultrasound, manual therapy, and mechanical traction. He will also be given chiropractic adjustments in the areas of complaint.

LENGTH OF FURTHER TREATMENT:

Undetermined at this time.

REMARKS:

Based upon the patient's subjective complaints and objective findings, it is my opinion that this injury is consistent with the type of accident that [REDACTED] reported. It is necessary that [REDACTED] receive regular treatment over the next approximate 3-4 months in order to avoid detrimental effects to his future health. [REDACTED] will be re-evaluated in approximately 4 weeks. The efficacy of treatment will be documented at that time. The patient was given 1 bottle of Ends Pain Plus and an ice pack with instructions on home use. If I can be of further assistance regarding his health/work status, please feel free to contact me personally at my office.

Sincerely,





PATIENT NAME: _____ DATE _____

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)
Head Face Jaw Neck Upper Back MidBack Lowback Shoulder
Arm Wrist Hand Buttock Thigh Knee Leg Ankle Foot
Quality: Sharp Dull Throbbing Aching Burning Stabbing Other:
Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: _____

OBJECTIVE:

ASSESSMENT:
() No Change (-) Mild Improvement () Substantial Improvement () Worse
() As Expected () Slower than expected () Faster than expected
() Receiving necessary medical care and not at MMI
() Post MMI - Follow-up care

PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL
() Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain
() Therapeutic Phase 2: Repair & Remobilization: functional scar formed & increase pain-free ROM
() Therapeutic Phase 3: Remodeling & Rehab: increase coordination, strength, endurance and work capacity

SPINAL ADJUSTMENT: AREA C T L Sac I
Method of adjustment: () Manual () SOT () Drop Table Force Used: () Light () Mod

MODALITIES & PROCEDURES:
() Report of Findings () Initial () Re-Exam () Final () Office Visit
() EMS () Hot / Cold () Man Musc. T () Massage # units 1 2 3 4
() US () Mech Txn () Man Traction () Therapeutic Exer.

X-RAYS: _____

SUPPLIES:
() Cold Pack () Lumbar belt () Cervical Collar

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS: _____

Dr's Initials: _____



PATIENT NAME: _____ **DATE** _____

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)
___ Head ___ Face ___ Jaw ___ Neck ___ Upper Back ___ MidBack ___ Lowback ___ Shoulder
___ Arm ___ Wrist ___ Hand ___ Buttock ___ Thigh ___ Knee ___ Leg ___ Ankle ___ Foot
Quality: Sharp Dull Throbbing Aching Burning Stabbing Other: _____
Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: _____

OBJECTIVE:

ASSESSMENT:
 No Change Mild Improvement Substantial Improvement Worse
 As Expected Slower than expected Faster than expected
 Receiving necessary medical care and not at MMI
 Post MMI - Follow-up care

PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL
 Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain
 Therapeutic Phase 2: Repair & Remobilization: functional scar formed & increase pain-free ROM
 Therapeutic Phase 3: Remodeling & Rehab: increase coordination, strength, endurance and work capacity

SPINAL ADJUSTMENT: AREA C _____ T _____ L _____ Sac _____ I _____
Method of adjustment: Manual SOT Drop Table Force Used: Light Mod

MODALITIES & PROCEDURES:
 Report of Findings Initial Re-Exam Final Office Visit
 EMS _____ Hot / Cold _____ Man Musc. T _____ Massage # units 1 2 3 4 _____
 US _____ Mech Txn _____ Man Traction _____ Therapeutic Exer. _____

X-RAYS: _____

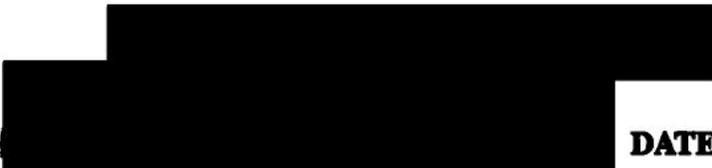
SUPPLIES:
 Cold Pack Lumbar belt Cervical Collar _____

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS: _____

Dr's Initials: _____

PATIENT NAME



DATE

9/26/25

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)

Head Face Jaw Neck Upper Back MidBack Lowback Shoulder

Arm Wrist Hand Buttock Thigh Knee Leg Ankle Foot

Quality: Sharp Dull Throbbing Aching Burning Stabbing Other: _____

Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE:

[Handwritten Signature]

OBJECTIVE:

*Posterior/cervical musculature w/ spasm
anterior cervical spine & QL spasm
T12 CS10 Ten C12/13*

ASSESSMENT:

- No Change
- Mild Improvement
- Substantial Improvement
- Worse
- As Expected
- Slower than expected
- Faster than expected
- Receiving necessary medical care and not at MMI
- Post MMI - Follow-up care

PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL.

- Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain
- Therapeutic Phase 2: Repair & Remobilization: functional scar formed & increase pain-free ROM
- Therapeutic Phase 3: Remodeling & Rehab: increase coordination, strength, endurance and work capacity

SPINAL ADJUSTMENT:

AREA: T12 T11 L5 Sac I

Method of adjustment: Manual SOT Drop Table Force Used: Light Mod

MODALITIES & PROCEDURES:

- Report of Findings
- Initial
- Re-Exam
- Final
- Office Visit
- EMS
- Hot/Cold
- Man Musc. T
- Massage # units 1 2 3 4
- US
- Mech Txn
- Man Traction
- Therapeutic Exer.

X-RAYS:

SUPPLIES:

- Cold Pack
- Lumbar belt
- Cervical Collar

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS:

Dr's Initials:

[Handwritten Initials]

BOYNTON CHIROPRACTIC CENTER

PATIENT NAME: _____ **DATE** _____

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)

___ Head ___ Face ___ Jaw ___ Neck ___ Upper Back ___ MidBack ___ Lowback ___ Shoulder
___ Arm ___ Wrist ___ Hand ___ Buttock ___ Thigh ___ Knee ___ Leg ___ Ankle ___ Foot

Quality: Sharp Dull Throbbing Aching Burning Stabbing Other: _____

Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: _____

OBJECTIVE:

ASSESSMENT:

- () No Change () Mild Improvement () Substantial Improvement () Worse
- () As Expected () Slower than expected () Faster than expected
- () Receiving necessary medical care and not at MMI
- () Post MMI - Follow-up care

PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL

- () Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain
- () Therapeutic Phase 2: Repair & Remobilization: functional scar formed & increase pain-free ROM
- () Therapeutic Phase 3: Remodeling & Rehab: increase coordination, strength, endurance and work capacity

SPINAL ADJUSTMENT: AREA C _____ T _____ L _____ Sac _____ I _____
Method of adjustment: () Manual () SOT () Drop Table Force Used: () Light () Mod

MODALITIES & PROCEDURES:

- () Report of Findings () Initial () Re-Exam () Final () Office Visit
- () EMS () Hot / Cold () Man Musc. T () Massage # units 1 2 3 4 _____
- () US () Mech Txn () Man Traction () Therapeutic Exer. _____

X-RAYS: _____

SUPPLIES:

- () Cold Pack () Lumbar belt () Cervical Collar _____

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS: _____

Dr's Initials: _____

PATIENT NAME: [REDACTED]

DATE

9/30/25

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)

Head Face Jaw Neck Upper Back MidBack Lowback Shoulder
Arm Wrist Hand Buttock Thigh Knee Leg Ankle Foot

Quality: Sharp Dull Throbbing Aching Burning Stabbing Other:

Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: [Signature]

OBJECTIVE:

Positive cervical musculature, hyp
mobility, esp to, spinal flexion
12/13/14, C12, C11/5, T2/3, T6/7, L5/S1, Axid

ASSESSMENT:

() No Change () Mild Improvement () Substantial Improvement () Worse
() As Expected () Slower than expected () Faster than expected
() Receiving necessary medical care and not at MMI
() Post MMI - Follow-up care

PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL

- () Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain
- () Therapeutic Phase 2: Repair & Remobilization: functional scar formed & increase pain-free ROM
- () Therapeutic Phase 3: Remodeling & Rehab: increase coordination, strength, endurance and work capacity

SPINAL ADJUSTMENT: AREA D12/15 T3/6h L5 Sac I
Method of adjustment: () Manual () SOT () Drop Table Force Used: () Light () Mod

MODALITIES & PROCEDURES:

- () Report of Findings () Initial () Re-Exam () Final () Office Visit
- () EMS () Hot/Cold () Man Musc. T () Massage # units 1 2 3 4
- () US () Mech Txn () Man Traction () Therapeutic Exer.

X-RAYS:

SUPPLIES:

() Cold Pack () Lumber belt () Cervical Collar

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS:

Dr's Initials: [Signature]



10/6/25

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)

Head Face Jaw Neck Upper Back MidBack Lowback Shoulder

Arm Wrist Hand Buttock Thigh Knee Leg Ankle Foot

Quality: Sharp Dull Throbbing Aching Burning Stabbing Other: _____

Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: [Signature]

OBJECTIVE:
1.) Superior cervical musculature, XRD.
IT/INDIAN. PROCTIV. SPASMS + CUI SPASMS
+ Y/NO MS. 012 (15/16) T/15 (15/16) F/NO

ASSESSMENT:

No Change Mild Improvement Substantial Improvement Worse

As Expected Slower than expected Faster than expected

Receiving necessary medical care and not at MMI

Post MMI - Follow-up care

PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL

Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain

Therapeutic Phase 2: Repair & Remobilization: functional scar formed & increase pain-free ROM

Therapeutic Phase 3: Remodeling & Rehab: -increase coordination, strength, endurance and work capacity

SPINAL ADJUSTMENT: AREA C12/S16 T/15 L 5 Sac 1 I _____

Method of adjustment: Manual SOT Drop Table Force Used: Light Mod

MODALITIES & PROCEDURES:

Report of Findings Initial Re-Exam Final Office Visit

EMS Hot/Cold Man Musc. T. Massage # units 1 2 3 4 _____

US Mech Txn Man Traction Therapeutic Exer. _____

X-RAYS: _____

SUPPLIES:

Cold Pack Lumbar belt Cervical Collar _____

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS: _____

Dr's Initials: [Signature]



PATIENT NAME: _____ DATE _____

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)
Head Face Jaw Neck Upper Back MidBack Lowback Shoulder
Arm Wrist Hand Buttock Thigh Knee Leg Ankle Foot
Quality: Sharp Dull Throbbing Aching Burning Stabbing Other:
Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: _____

OBJECTIVE:

ASSESSMENT:
() No Change () Mild Improvement () Substantial Improvement () Worse
() As Expected () Slower than expected () Faster than expected
() Receiving necessary medical care and not at MMI
() Post MMI - Follow-up care

PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL
() Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain
() Therapeutic Phase 2: Repair & Remobilization: functional scar formed & increase pain-free ROM
() Therapeutic Phase 3: Remodeling & Rehab: increase coordination, strength, endurance and work capacity

SPINAL ADJUSTMENT: AREA C T L Sac I
Method of adjustment: () Manual () SOT () Drop Table Force Used: () Light () Mod

MODALITIES & PROCEDURES:
() Report of Findings () Initial () Re-Exam () Final () Office Visit
() EMS () Hot / Cold () Man Musc. T () Massage # units 1 2 3 4
() US () Mech Txn () Man Traction () Therapeutic Exer.

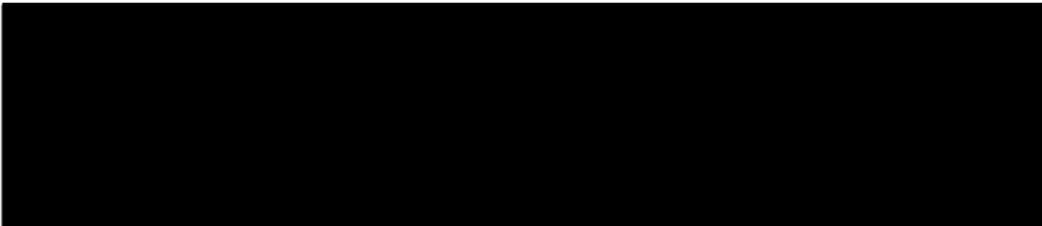
X-RAYS: _____

SUPPLIES:
() Cold Pack () Lumbar belt () Cervical Collar

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS: _____

Dr's Initials: _____



10/10/25

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)
Head Face Jaw Neck Upper Back MidBack Lowback Shoulder
Arm Wrist Hand Buttock Thigh Knee Leg Ankle Foot
Quality: Sharp Dull Throbbing Aching Burning Stabbing Other:
Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: [Signature]

OBJECTIVE: Posterior cervical musculature, L4p,
Ankylosing spondylitis of the spine
Tenderness C12 C6 T5/T6 L5/S1 FX 091

ASSESSMENT:
() No Change (x) Mild Improvement () Substantial Improvement () Worse
() As Expected () Slower than expected () Faster than expected
() Receiving necessary medical care and not at MMI
() Post MMI - Follow-up care

PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL
Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain
Therapeutic Phase 2: Repair & Remobilization: functional scar formed & increase pain-free ROM
Therapeutic Phase 3: Remodeling & Rehab: increase coordination, strength, endurance and work capacity

SPINAL ADJUSTMENT: AREA C12 S6 T5 L Sac I
Method of adjustment: Manual () SOT () Drop Table Force Used: Light () Mod

MODALITIES & PROCEDURES:
() Report of Findings () Initial () Re-Exam () Final () Office Visit
EMS Hot/Cold Man Musc. T Massage # units 1 2 3 4
US Mech Txn Man Traction Therapeutic Exer.

X-RAYS:

SUPPLIES:
() Cold Pack () Lumber belt () Cervical Collar

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS:

Dr's Initials: [Signature]



PATIENT NAME: _____ **DATE** _____

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)

___ Head ___ Face ___ Jaw ___ Neck ___ Upper Back ___ MidBack ___ Lowback ___ Shoulder

___ Arm ___ Wrist ___ Hand ___ Buttock ___ Thigh ___ Knee ___ Leg ___ Ankle ___ Foot

Quality: Sharp Dull Throbbing Aching Burning Stabbing Other: _____

Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: _____

OBJECTIVE:

ASSESSMENT:

- No Change Mild Improvement Substantial Improvement Worse
- As Expected Slower than expected Faster than expected
- Receiving necessary medical care and not at MMI
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PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL

- Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain
- Therapeutic Phase 2: Repair & Remobilization: functional scar formed & increase pain-free ROM
- Therapeutic Phase 3: Remodeling & Rehab: increase coordination, strength, endurance and work capacity

SPINAL ADJUSTMENT: AREA C _____ T _____ L _____ Sac _____ I _____
Method of adjustment: Manual SOT Drop Table Force Used: Light Mod

MODALITIES & PROCEDURES:

- Report of Findings Initial Re-Exam Final Office Visit
- EMS _____ Hot / Cold _____ Man Musc. T _____ Massage # units 1 2 3 4 _____
- US _____ Mech Txn _____ Man Traction _____ Therapeutic Exer. _____

X-RAYS: _____

SUPPLIES:

- Cold Pack Lumbar belt Cervical Collar _____

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS: _____

Dr's Initials: _____



PATIENT NAME: _____ **DATE** _____

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)

___ Head ___ Face ___ Jaw ___ Neck ___ Upper Back ___ MidBack ___ Lowback ___ Shoulder

___ Arm ___ Wrist ___ Hand ___ Buttock ___ Thigh ___ Knee ___ Leg ___ Ankle ___ Foot

Quality: Sharp Dull Throbbing Aching Burning Stabbing Other: _____

Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: _____

OBJECTIVE:

ASSESSMENT:

- No Change Mild Improvement Substantial Improvement Worse
- As Expected Slower than expected Faster than expected
- Receiving necessary medical care and not at MMI
- Post MMI - Follow-up care

PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL

- Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain
- Therapeutic Phase 2: Repair & Remobilization: functional scar formed & increase pain-free ROM
- Therapeutic Phase 3: Remodeling & Rehab: increase coordination, strength, endurance and work capacity

SPINAL ADJUSTMENT: AREA C _____ T _____ L _____ Sac _____ I _____
Method of adjustment: Manual SOT Drop Table Force Used: Light Mod

MODALITIES & PROCEDURES:

- Report of Findings Initial Re-Exam Final Office Visit
- EMS _____ Hot / Cold _____ Man Musc. T _____ Massage # units 1 2 3 4 _____
- US _____ Mech Txn _____ Man Traction _____ Therapeutic Exer. _____

X-RAYS: _____

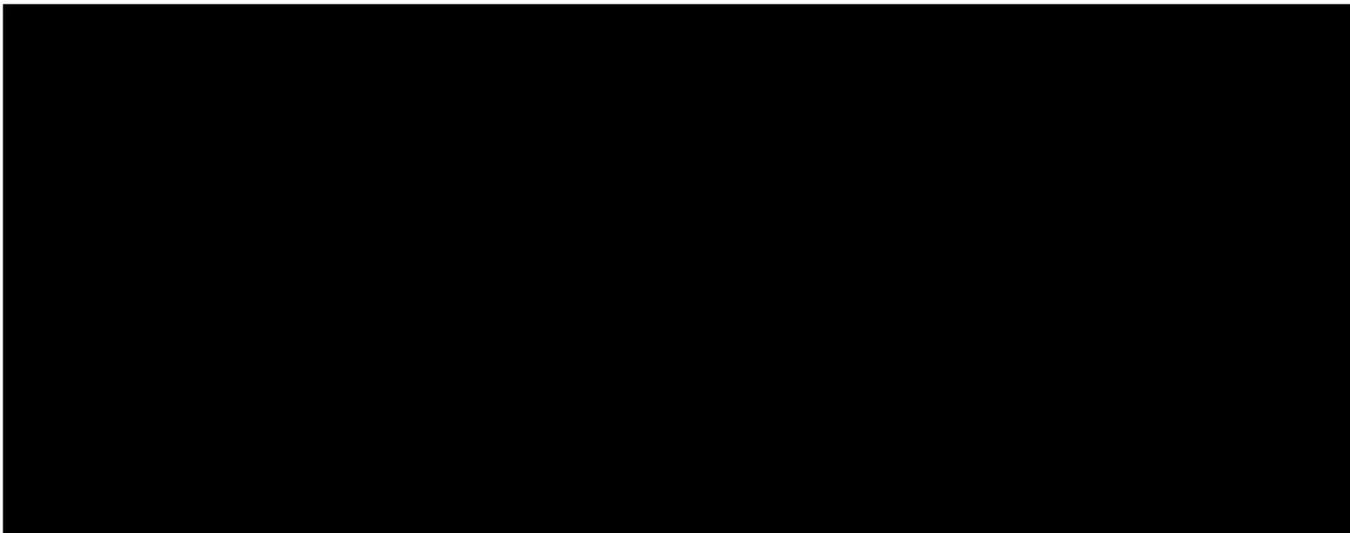
SUPPLIES:

- Cold Pack Lumbar belt Cervical Collar _____

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS: _____

Dr's Initials: _____



PHYSICAL EXAMINATION:

General: The patient is an average built male who ambulates with a normal reciprocating gait pattern, non-antalgic, and without use of an assistive device. Peripheral sensation as checked with a Whartenburg pinwheel was normal for the cervical and lumbar dermatomes.

Reflex Right	BI 2+	TRI 2+	RAD 2+	PAT 2+	ACH 2+
Reflex Left	BI 2+	TRI 2+	RAD 2+	PAT 2+	ACH 2+

Cervical Spine: Examination of the cervical spine reveals decreased range of motion with pain in extension, flexion, and bilateral lateral flexion. The following Orthopedic tests are positive in the cervical spine: Bilateral Lateral Cervical Compression and left Shoulder Depressor. Right Shoulder Depressor, O'Donahue's, Distraction, and Neutral Cervical Compression are negative.

Motion/Static palpation reveals spasm and tenderness with digital pressure to the posterior cervical musculature bilaterally.

Thoracic Spine: Examination of the thoracic spine reveals spasm and tenderness in the trapezius and rhomboids bilaterally.

Lumbosacral Spine: Examination of the lumbosacral spine revealed decreased range of motion with pain in flexion and extension. The following Orthopedic tests were positive in the lumbosacral spine: Bilateral Yeoman's, Bilateral Nachlas, and Milgram's. Bilateral Kemp's produces local pain. Disc Cough and Bilateral Lasague's were negative.

Motion/Static palpation revealed tenderness and spasm with digital pressure to the quadratus lumborum and erector spinae bilaterally.

Left Shoulder: Examination of the Left Shoulder revealed decreased range of motion with pain in abduction. Apley's Scratch was positive. Yeargson's, Drop Arm, and Apprehension were negative. Tenderness was elicited upon palpation of the supraspinatus tendon.

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Page 2

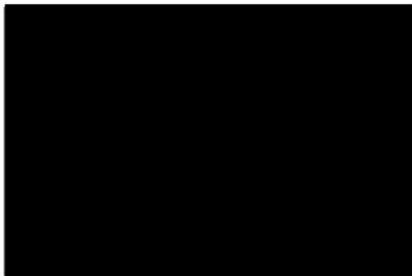
UPDATE REPORT

IMPRESSIONS:

1. Cervical Sprain/Strain
2. Lumbar Sprain/Strain
3. Thoracic Sprain/Strain
4. Left Shoulder Sprain/Strain
5. Muscle Spasm
6. Injury due to Motor Vehicle Accident

REMARKS:

Based on the demonstration of continued improvement, recommendations are made for the patient to continue being seen 3 times per week while in this secondary stage of treatment. Treatment will continue to be inclusive of chiropractic adjustments, mechanical traction, manual therapy, electrical stimulation, heat, and therapeutic exercises to the involved regions. Intermediate examination and evaluation will continue to be performed each visit in this office. Limitations and restrictions will continue to apply to any activity the patient feels may aggravate his condition. The patient will be re-evaluated in approximately 4 weeks to further determine overall progress and frequency of future care.



ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED



PATIENT NAME: _____ DATE _____

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)
Head Face Jaw Neck Upper Back MidBack Lowback Shoulder
Arm Wrist Hand Buttock Thigh Knee Leg Ankle Foot
Quality: Sharp Dull Throbbing Aching Burning Stabbing Other:
Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: _____

OBJECTIVE:

ASSESSMENT:
() No Change () Mild Improvement () Substantial Improvement () Worse
() As Expected () Slower than expected () Faster than expected
() Receiving necessary medical care and not at MMI
() Post MMI - Follow-up care

PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL
() Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain
() Therapeutic Phase 2: Repair & Remobilization: functional scar formed & increase pain-free ROM
() Therapeutic Phase 3: Remodeling & Rehab: increase coordination, strength, endurance and work capacity

SPINAL ADJUSTMENT: AREA C T L Sac I
Method of adjustment: () Manual () SOT () Drop Table Force Used: () Light () Mod

MODALITIES & PROCEDURES:
() Report of Findings () Initial () Re-Exam () Final () Office Visit
() EMS () Hot / Cold () Man Musc. T () Massage # units 1 2 3 4
() US () Mech Txn () Man Traction () Therapeutic Exer.

X-RAYS: _____

SUPPLIES:
() Cold Pack () Lumbar belt () Cervical Collar

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS: _____

Dr's Initials: _____



PATIENT NAME: _____ **DATE** _____

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)

___ Head ___ Face ___ Jaw ___ Neck ___ Upper Back ___ MidBack ___ Lowback ___ Shoulder

___ Arm ___ Wrist ___ Hand ___ Buttock ___ Thigh ___ Knee ___ Leg ___ Ankle ___ Foot

Quality: Sharp Dull Throbbing Aching Burning Stabbing Other: _____

Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: _____

OBJECTIVE:

ASSESSMENT:

- No Change Mild Improvement Substantial Improvement Worse
- As Expected Slower than expected Faster than expected
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SPINAL ADJUSTMENT: AREA C _____ T _____ L _____ Sac _____ I _____

Method of adjustment: Manual SOT Drop Table Force Used: Light Mod

MODALITIES & PROCEDURES:

- Report of Findings Initial Re-Exam Final Office Visit
- EMS _____ Hot / Cold _____ Man Musc. T _____ Massage # units 1 2 3 4 _____
- US _____ Mech Txn _____ Man Traction _____ Therapeutic Exer. _____

X-RAYS: _____

SUPPLIES:

- Cold Pack Lumbar belt Cervical Collar _____

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS: _____

Dr's Initials: _____



PATIENT NAME: _____ **DATE** _____

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)

___ Head ___ Face ___ Jaw ___ Neck ___ Upper Back ___ MidBack ___ Lowback ___ Shoulder
___ Arm ___ Wrist ___ Hand ___ Buttock ___ Thigh ___ Knee ___ Leg ___ Ankle ___ Foot

Quality: Sharp Dull Throbbing Aching Burning Stabbing Other: _____

Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: _____

OBJECTIVE:

ASSESSMENT:

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- As Expected Slower than expected Faster than expected
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SPINAL ADJUSTMENT: AREA C _____ T _____ L _____ Sac _____ I _____
Method of adjustment: Manual SOT Drop Table Force Used: Light Mod

MODALITIES & PROCEDURES:

- Report of Findings Initial Re-Exam Final Office Visit
- EMS _____ Hot / Cold _____ Man Musc. T _____ Massage # units 1 2 3 4 _____
- US _____ Mech Txn _____ Man Traction _____ Therapeutic Exer. _____

X-RAYS: _____

SUPPLIES:

- Cold Pack Lumbar belt Cervical Collar _____

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS: _____

Dr's Initials: _____



PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)

Head Face Jaw Neck Upper Back MidBack Lowback Shoulder

Arm Wrist Hand Buttock Thigh Knee Leg Ankle Foot

Quality: Sharp Dull Throbbing Aching Burning Stabbing Other:

Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: [Signature]

OBJECTIVE: [Handwritten notes: posterior cervical musculature, trap, myofascial trigger points, neck spasm]

ASSESSMENT:

- No Change () Mild Improvement () Substantial Improvement () Worse
As Expected () Slower than expected () Faster than expected
Receiving necessary medical care and not at MMI
Post MMI - Follow-up care

PLAN: Treatment goals: Reduce symptoms, increase functional capacity & return to normal ADL

- Therapeutic Phase 1: Acute inflammatory, reduce inflammation, muscle spasm and pain
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Method of adjustment: () Manual () SOT () Drop Table Force Used: () Light () Mod

MODALITIES & PROCEDURES:

- Report of Findings () Initial () Re-Exam () Final () Office Visit
EMS Hot/Cold Man Musc. T Massage # units 1 2 3 4
US Mech Txn Man Traction Therapeutic Exer.

X-RAYS:

SUPPLIES:

- Cold Pack () Lumbar belt () Cervical Collar

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS:

Dr's Initials: [Signature]



PATIENT NAME: _____ **DATE** _____

PLEASE MARK APPROPRIATE BOXES AND CIRCLE WHAT APPLIES

SUBJECTIVE: SEVERITY TODAY: (None) 0 1 2 3 4 5 6 7 8 9 10 (Excruciating)

___ Head ___ Face ___ Jaw ___ Neck ___ Upper Back ___ MidBack ___ Lowback ___ Shoulder

___ Arm ___ Wrist ___ Hand ___ Buttock ___ Thigh ___ Knee ___ Leg ___ Ankle ___ Foot

Quality: Sharp Dull Throbbing Aching Burning Stabbing Other: _____

Frequency: Constant Frequently Occasionally

PATIENT SIGNATURE: _____

OBJECTIVE:

ASSESSMENT:

- No Change Mild Improvement Substantial Improvement Worse
- As Expected Slower than expected Faster than expected
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SPINAL ADJUSTMENT: AREA C _____ T _____ L _____ Sac _____ I _____
Method of adjustment: Manual SOT Drop Table Force Used: Light Mod

MODALITIES & PROCEDURES:

- Report of Findings Initial Re-Exam Final Office Visit
- EMS _____ Hot / Cold _____ Man Musc. T _____ Massage # units 1 2 3 4 _____
- US _____ Mech Txn _____ Man Traction _____ Therapeutic Exer. _____

X-RAYS: _____

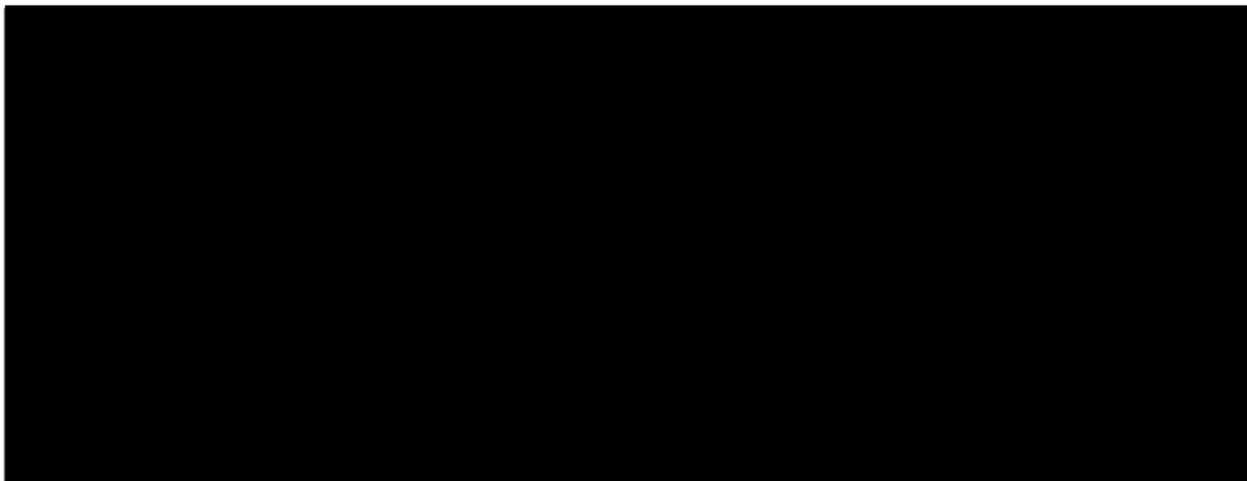
SUPPLIES:

- Cold Pack Lumbar belt Cervical Collar _____

TREATMENT FREQUENCY: 5X/Week 4X/Week 3X/Week 2X/Week 1X/Week 2X/Month PRN

COMMENTS: _____

Dr's Initials: _____



PHYSICAL EXAMINATION:

General: The patient is an average built male who ambulates with a normal reciprocating gait pattern, non-antalgic, and without use of an assistive device. Peripheral sensation as checked with a Whartenburg pinwheel was normal for the cervical and lumbar dermatomes.

Reflex Right	BI 2+	TRI 2+	RAD 2+	PAT 2+	ACH 2+
Reflex Left	BI 2+	TRI 2+	RAD 2+	PAT 2+	ACH 2+

Cervical Spine: Examination of the cervical spine reveals decreased range of motion with pain in extension, flexion, and bilateral lateral flexion. The following Orthopedic tests are positive in the cervical spine: Bilateral Lateral Cervical Compression and left Shoulder Depressor. Right Shoulder Depressor, O'Donahue's, Distraction, and Neutral Cervical Compression are negative.

Motion/Static palpation reveals spasm and tenderness with digital pressure to the posterior cervical musculature bilaterally.

Thoracic Spine: Examination of the thoracic spine reveals spasm and tenderness in the trapezius and rhomboids bilaterally.

Lumbosacral Spine: Examination of the lumbosacral spine revealed decreased range of motion with pain in flexion and extension. The following Orthopedic tests were positive in the lumbosacral spine: Bilateral Yeoman's, Bilateral Nachlas, and Milgram's. Bilateral Kemp's produces local pain. Disc Cough and Bilateral Lasague's were negative.

Motion/Static palpation revealed tenderness and spasm with digital pressure to the quadratus lumborum and erector spinae bilaterally.

Left Shoulder: Examination of the Left Shoulder revealed decreased range of motion with pain in abduction. Apley's Scratch was positive. Yeargson's, Drop Arm, and Apprehension were negative. Tenderness was elicited upon palpation of the supraspinatus tendon.

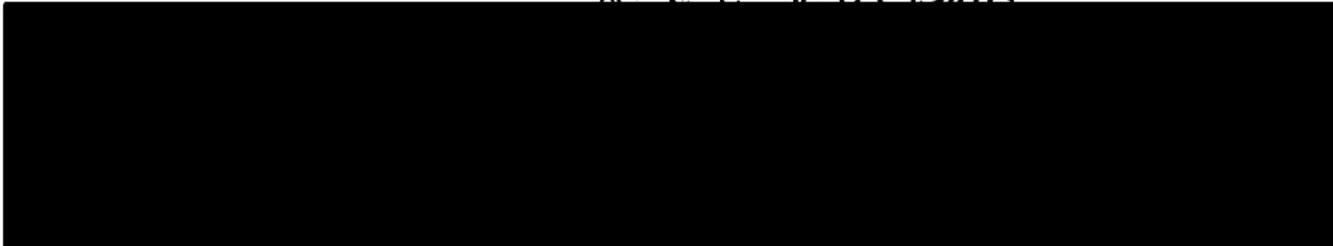
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Application For Benefits Personal Injury

Auto Accident

To enable us to determine if you are entitled to benefits under the reparations act, please complete this form and return it promptly

F8T1568



At time of Accident: Were you the driver of our policyholder's car? Yes No

If "Yes", do you or member of your household own a car? Yes No

Were you a passenger in our policyholder's car? Yes No

Were you a member of our policyholder's household? Yes No

Were you a member of the driver's household? Yes No

Were you a pedestrian? Yes No

216

As a result of this accident were you injured? Yes No if your answer is yes, complete the rest of this form. If no, sign here and return this form to us

Signature: X _____ Date: _____

Describe Your Injury: NECK PAIN, MID-BACK PAIN, LOW BACK PAIN

Were you treated by a doctor? Yes No Date of First Treatment: 9/11/25 Doctor's Name: Xpress Urgent Care Greenboro

If you were treated in a hospital, were you an: NA Hospital's Name and Address: _____

Amount of Medical Bills to Date: UNKNOWN Will you have more medical expense? Yes No At the time of this accident, were you working for your employer? Yes No

Did you have time from your employment as a result of your injury? Yes No If yes, amount of time lost to date: _____ What is your average weekly wage or salary? \$ _____

If you had time: Date disability from work Begin: / / Date you returned to work: / /

Have you received or are you eligible for benefits under Workers' Compensation Law as a result of this injury? Yes No If yes, Amount \$ _____ Per Week Per Month

List Names and addresses of your employer (s) at the date of the accident and give occupation and dates of employment:

Employer and Address	Occupation	From	To

As a result of your injury have you had any other expenses? Yes No If yes, explain on reverse side.

Signature: X Robert Z. Cooper Jr. Date: 9/12/25

IMPORTANT: Please complete and sign this application and any attached authorizations and return promptly with any medical bills you have received

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

DO NOT DETACH

Authorization for Medical Information This authorization or photocopy hereof, will authorize you to furnish all information you may have regarding my condition while your observation or treatment, including the history obtained, X-ray and physical findings and prognosis.

Signature: X Robert Z. Cooper Jr. Date: 9/12/25

DO NOT DETACH

Authorization for Wage and Salary Information This authorization or photocopy hereof, will authorize you to furnish all information you may have regarding my wages or salary while employed by you.

Signature: X Robert Z. Cooper Jr. Date: 9/12/25

Social Security Number: _____

**ASSIGNMENT OF INSURANCE BENEFITS, POWER OF ATTORNEY
AND RELEASE OF INFORMATION**

INSURER PLEASE READ THE FOLLOWING IN ITS ENTIRETY UPON RECEIPT

I, the undersigned patient/insured knowingly, voluntarily and intentionally assign the rights and benefits of my No-Fault Policy of automobile insurance, also known as Personal Injury Protection (P.I.P.) and Medical Payments policy of insurance to the above health care provider. I understand it is the intention of the provider to accept this assignment of benefits in lieu of demanding payment at the time services are rendered and that this document will allow the provider to file suit against an insurance company for payment of the insurance benefits. This assignment of benefits will include overdue interest payments and any potential claim for common law or statutory bad faith. If the insurer disputes the validity of this assignment of benefits then the insurer is instructed to notify the provider in writing within five (5) days of receipt of this document. Failure to inform the provider shall result in a waiver by the insurer to contest the validity of this document. The undersigned directs the insurer to pay the health care provider directly without including the patient's name on the check.

The insurer is directed by the provider and the undersigned to not issue any checks or drafts in partial settlement of a claim that contain or are accompanied by language releasing the insurer or its insured/patient from liability unless there has been a prior written settlement agreed to by the health care provider and the insurer as to the amounts payable under the insurance policy or contract. The provider hereby objects to any reductions or partial payments. Any partial or reduced payment, regardless of the accompanying language, issued by the insurer and deposited by the provider shall be done so under protest, at the risk of the insurer and the deposit shall not be deemed a waiver, accord, satisfaction, discharge, settlement or agreement by the provide to accept a reduced amount as payment in full. The insurer is hereby placed on notice that this provider reserves the right to seek the full amount of the bills submitted.

In the event the subject medical benefits are dispute by the insurer for any reason the undersigned hereby instructs the insurer to set aside any amount disputed (i.e., to escrow the money) and not pay the disputed amount to anyone, including myself, or any entity until the dispute is resolved. The insurer is instructed to immediately explain in writing to the above provider of any dispute. If the insurer schedules a defense examination or examination under oath (hereinafter "EUO") the insurer is hereby INSTRUCTED to send a copy of said notification to this provider. The provider or provider's attorney is authorized to appear at any EUO or IME set by the insurer. The health care provider is not the agent of the insurer or the patient for any purpose.

This assignment applies to both past and future medical expenses and is valid even if undated. A photocopy f this assignment is to be considered as valid as the original.

I agree to pay any deductible, co-payments, for services rendered after the policy of insurance exhausts and for any other services unrelated to the automobile accident.