

Every 2-3 weeks Phase 1 recall visit is required

Patient Name	Date	Date Orthotic Insert
<input type="text"/>	<input type="text"/>	<input type="text"/>

Chief Complaint

Improved No Change WNL

Chief Complaint

Improved No Change WNL

Chief Complaint

Improved No Change WNL

Chief Complaint

Improved No Change WNL

Chief Complaint

Improved No Change WNL

On average, how many hours per day do you wear your your appliance(s)

When do you remove your appliance?

Do you feel our therapy is helping you?

If you are presently going to a chiropractor, massage feel massage therapist or physical therapist, do you feel that that the therapy is helping you?

Name of Dr. co-treating with:

Objective Findings: ROM W/ ORTHOTIC

Intrinciscal Opening (mm)	Rt (mm)	Lt (mm)	Protrusive (mm)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ORTHOTIC CHECK

Day Appliance

Insert Reline Adjust Lateral Excursion

Night Appliance

Insert Reline Adjust Lateral Excursion

Parachute Test:

Strong w/ orthotic Weak w/ Orthotic

Wall Test:

Strong w/ orthotic Weak w/ Orthotic

Every 2-3 weeks Phase 1 recall visit is required

Assessment:

IMMI Phase I Responding Treatment No Improvement

Plan:

Continue Present TX Change TX Plan Referral to:

Treatment

Iontophoresis Sites: Trigger Point Sites:

Delivered Meds:

Solu-medrol Epinephrine Lidocaine 2% Engergex Sites: Habitual Shim (mm)
 NM bite Shim (mm) Appliance Shim (mm) Patient Signature

Witness Signature