## ChiroUp CONDITION REPORT & EXERCISE PLAN RX

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Provider:	Date:	Provider:	Date:
Patient:		Patient:	
Condition/Diagnosis:		Condition/Diagnosis:	
In-office treatment plan    Default		In-office treatment plan    Default	
Daily for days		Daily for days	
times/ week	for weeks	times/ we	eek for weeks
% Improvement goal:		% Improvement goal:	
MD:		MD:	
Referred Yes No		Referred Yes No	
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