



Are you under any other kind of therapy or treatment besides medicines?

Any major past health problems or surgeries?

Any major allergies or food aggravations?

Any emergency treatments that you have needed in the past? Please specify.

Any hospitalization needed in the past? For what condition?

I certify all this to be true.

Signed

Please send scans of your last laboratory tests to confirm the above information

Doctors shall not be held responsible for any consequences of receiving wrong information.