BRANDON ACUPUNCTURE CENTER AND WELLNESS Merle J. Friedman AP, LD/N, PA

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PATIENT QUESTIONNAIRE

I.	Please list the family members or other pe general medical condition and your diagn care operation):		· ·
II.	Please list the family members or significant others, if any, whom we may inform about		
	your medical condition ONLY IN EMERG Name: P		
	Name: P	hone number	
	I. Please print the address of where you would like your billing statements correspondence from our office to be sent if other than your home.		
	Please indicate if you want all correspond		ice sent in a sealed envelope NO
-	Please print the telephone number who ppointments, lab results, or other health caumber:	re information if (_
	Can confidential messages (i.e. appoint		he left on your telephone
			NO
	Do you agree to receive automated calls or		
		YES	NO
PAT	TIENT NAME		rdian if under 18 years)
PAT	TIENT/GUARDIAN SIGNATURE		DATE